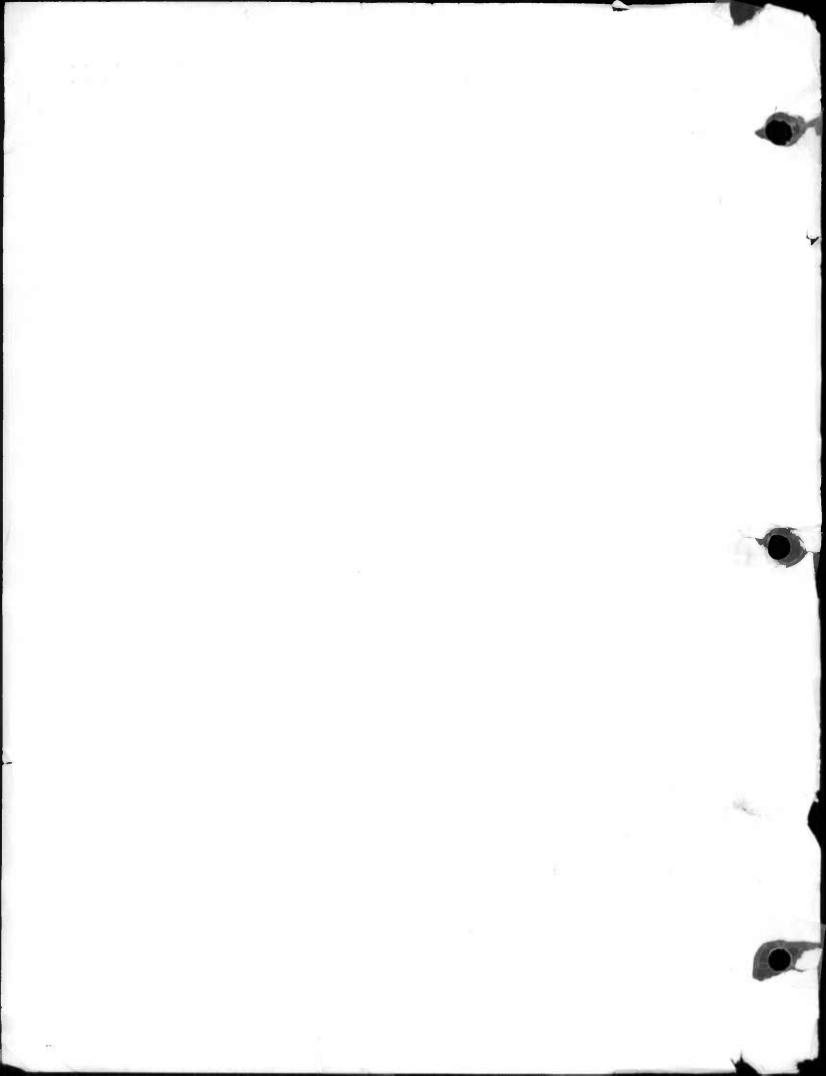
MEDICAL	
PHYSICIAN:	
ETED BY	
COMPL	

	FOR STATE OF MARYLAN	ND / DEPAR							9 U	3	1501
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN ALBRECHT	CENTIF	ICATE	OF	DEA		2. DATE OF MONTH	REG. NO.	NY /	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In) 7 2 0 - 48 - 6723 1 □ M 2 10 F G	yrs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, I	19,1	893	8. BIRTHPL Country)	ACE (State or Foreign RYLAND
OR BO	98. FACILITY NAME (If not institution, give street and number) FRANCIS SCOTT KEY RESIDENCE OF DECEDENT				IMOR		ATH		9c. COUI	NTY OF DEA	TH
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	10c. CIT	Y, TOWN O		ION MORE						Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	427 N. LINWOOD AVE.				2122	4			U.	S. A	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			f yes, sp			IIC ORIGIN? n, Puerto Ric /:		or No-	14. RACE — Black, N Specify:	- American Indian, White, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) NA NA	6a. DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	ON ast of worki	ng	16b. K	OWN	HOME	DUSTRY	
ш	17. FATHER'S NAME (First, Middle, Last) JOHN VAIN						ME (First, Mic SCHOE		Sumame)		
10 8	198. INFORMANT'S NAME (Type/Print) 198. MARIE SVEHLA (DAUGHTER) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5620 REMMELL AVE, BALTIMORE, MD. 21206										
	20a. METHOD OF DISPOSITION 1 \$\overline{\text{T}}\$ Burlal 2 \(\text{Cremetion} \) S \(\text{Other (Specify)} \) CEMETERY 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piece) OAKLAWN CEMETERY 20c. LOCATION - City or Town, Steta BALTIMORE, MD.										
200	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Larrey av. Bair			SCHI		K FU	NERAL				. 21213
	23. PART 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart/failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Maintrition Pthy dration DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST b. Notural (ause's) DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):										
_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE.									VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/Outpet 27. MANNER OF DEATH 26s. DATE OF INJURY	OF CHIEFES	6 Other		INJURY O	CCURED					
ВХ	Netural 5 Pending (Month, Dey, Year)	- At home, farm	IJURY M	1 🗆	JURY AT ORK? YES 2	□ NO	26f. LOCA		and Numbe	er or Rurel Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle medical examiner: On the best of examination										and manner as stated.
TO BE CO	396 AIRWATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	(ITEM 27) (Tem	oe, Print¹		29c, LIC	CENSE NU	MBER 37	(29d. DA	TE SIGNED	Mopth, Day, Year)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle



FUNERAL DIRECTOR

BE COMPLETED BY

is law requires that the death certificate be executed with TATAL RECORDS, P.O. BOX 13146,

DIVISION

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If tem 28 is maked of tem 23 shows any injury, or other traumatic event, the medica
ne funeral director, page 5 should be detach al.	TO THE FUNEMAL DIRECTOR FOR THE ASSESS TO HEARTH AND MENTAL HYGIENE PRIOR COMPLETEN RIPED IN BY the funeral director, page 5 should be detach the final management of the final fina
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING COMMISSION IN INVESTIGATE THE DESTRICTION OF THE HOSPITAL OR ATTENDING COMMISSION OF THE HOSPITAL

4 Homicide

							-	0 3	1502	
1 - FOR STATE REGISTRAR	STATE OF MARY				F HEALTH AND I	MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Lest) BLANCHE	Irene		AT	Wor	D	2. DATE OF DEATH DO	19	40	S 15 M	
4. SOCIAL SECURITY NUMBER 235 05 1311	1 - M 2 D-F	GE (in yrs. lest t		DAY		7. DATE OF BIRTH	906	6. BIRTHPLACE (State or Foreign Virginia		
98. FACILITY NAME (If not Institution, give street end number) Washington Adventist Hospital Pakoma Park Montgomery										
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY West Virginia W				rinne				1 2	LINSIDE CITY LIMITS?	
100. STREET AND NUMBER General Deliver					10f. ZIP CODE 25826		US			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR O	ES 2 NO	ED	If yes	DECENDENT OF HISPAN I, specify Cuben, Mexica YES 24 NO Specify		or No-	Specify:	American Indian, hite, atc. White	
15. DECEDENT'S EDU((Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gilve life, D	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDU					ISTRY		
3 17. FATHER'S NAME (First, Middle, Lest)		Home	emak	er	16. MOTHER'S NA	Own Ho				
Bailey P. Repas	SS				Mary	Elizabeth	Hor	don		
19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow				
Dale E. Atwood 20s. METHOD OF DISPOSITION					ley Drive	e,Great E		City or Town.	22066	
1 Striel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other plac	e)		ial Park			WV	State	
21. SIGNATURE OF PURPERAL SERVICE LIC	Hute	uleil	U	IV	es-Pears		al Ho			
23. PART I. Enter the diseases, Dr of shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause o	n eech lina.						est,	Approximsta interval Batween Onset and Death	
disesse or condition resulting in deeth)	DUE TO (OR /	AS A CONSEOL	JENCE OF):		•	ARREST	•			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	JOE 10 (OR)	AS A CONSEOU	JENCE OF):	540	NEU HO	NA				
that initiated events resulting in death) LAST	d. DUE TO (OR A	AS A CONSEOU	OLI	C	STATE	=				
PART II. Other algnificant condition	is contributing to deal 16E LEN NY AN	th but not re AL 1 TEN	^	AS		Part I, 24e. WAS AN PERFO	RMED?	CO OF	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			_	2	6. PLACE OF DEATH (CI	heck only one)				

OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investig 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) Suicide 3 🗍

29e. CERTIFIER (Check only one)

29b. SIGNATURE AND TITLE

29c. LICENSE NUMBER 23/7

31. DATE FILED (Month, Day, Year)*
NOV 16 1

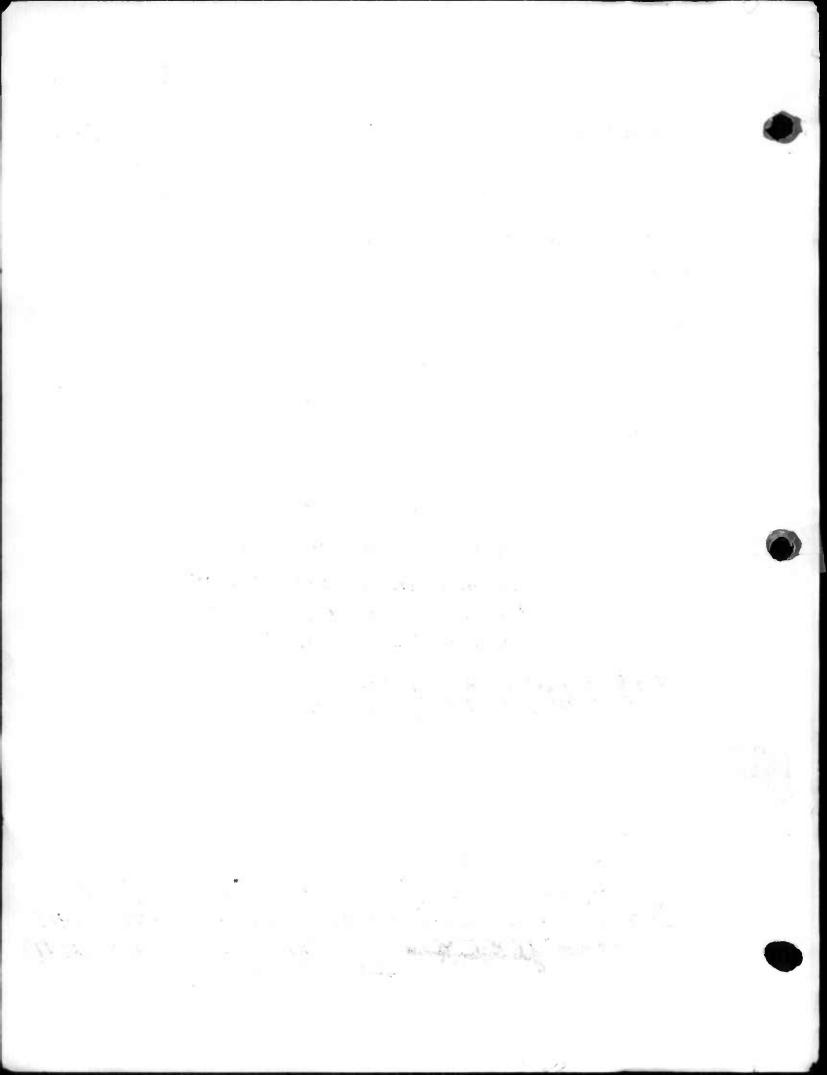
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

O. BELLEDUA

32. REGISTRAR'S SIGNATURE

Coboll

7:0000 BLANCHE 4000-2 6-22-90 F 63 10-13-06 RR 756993



Pages 1, 2, 3

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DIRECTOR

FUNERAL

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urs after death. Page 6 may be retained by the hospital	au in by the funeral director, page 5 should be detached to corremoval.	medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, as in by the funeral director, page 5 should be detached for he find within 70 hours after heart with the State Pent of Health and Mental Hyolene prior to burial, cremination, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

RS FINNEY

NOV 1 6 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FRANCII SCOTT KET MOSIUM CENTER

22. RECHITICATE SICH CHILD

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Charles Atkinson Sr. 2. DATE OF DEATH 11/15/90 3. TIME OF DEATH 11-15-90 12:10 A M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 212-16-3707 1 M 2 | F 69 Sept.15,1921 MAryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY DF DEATH Francis Scott Key Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore Essex 1 - YES 2 NO 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 609 George Ave. 21221 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. tf yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th Mechanical Beth Steel 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John G. Atkinson Carrie Jones 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Atkinson 609 George Ave. Baltimore Maryland21221 20s. METHOD OF DISPOSITION

(X) Burial 2 Cremation 3 Ramoval from State
4 Donation 8 Other (Specify) 20b. PLACE OF DISPDSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State SacredHeartofJesusCemetery BAltimore Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221 une 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac pr respiratory arrest, shock, pr heart value. List pnly one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse pr condition INTRACTABLE VENTRICULAR BRRHYTHMIAS 30 MIN resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): 10 YEARS CHRONIC HEART DISEASE AND SEPSIS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DF): 3004 If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE DF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO GANGRENOUS ACRICULOUS CHOLECYSTITIS -COMPLETION OF CAUSE 1 TYES 2 ND CHRANIC CONGESTIVE HEART FRILURE t TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL:
1 X Inpetiant 2 - ER/Outpetiant 3 - DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 - YES 2 NO 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending 1 YES 2 NO 28e. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29a. CERTIFIER

(Chank note)

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) R. S. Flanen, 11/15/90

EASTERN AVE.

BATTHORE MARYLAND

DHMH-18 Rev 1/89



in the second second second second

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Shelton

YEAR

3. TIME OF DEATH

DHMH-18 Rev 1/89

7:26PM

2. DATE OF OEATH MONTH 11-13-90

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

	4. SOCIAL SECURITY NUMBER 220-64-3959	8. SEX 1 XM 2 F	8. AGE (In yrs. last birthday) 3 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	64-58	8. BIRTH Count	PLACE (State or Foreign Y) M D .					
OR B	7319 Mallory Cou	7319 Mallory Court				96. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	тү		Y, TOWN OR LOCAL TIMOR		1		П	10d. INSIDE CITY VIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 4958 DENMORE	AVE.		10	1. ZIP CODE 21215			10g. CITIZEN OF Y	VHAT COUNTRY?					
BY FUN	11. MARITAL STATUS Y Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMED YES 2 NO MAR OR DATES	If yee, ap	13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yell yee, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 X X NO Specify:			ree or No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK						
COMPLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	(Give kind of life, Do NOT u	WORK done during me se retired.)	ost of working		KIND OF BUSH	NESS/INOUSTRY						
BE CON	17. FATHER'S NAME (First, Middle, Last) SHELTON L.	BROCK SR		150	16. MOTHER'S N		ONES	urname)						
20	19a. INFORMANT'S NAME (Type/Print) PATRICIA SALN	OND	7 3 1 9	MALLO	RY CT.	BALT	v, City or Town, IMORE	, MD.	21237					
	20a. METHOD OF OISPOSITION Surley 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	moval from Stata	20b. PLACE OF OISPO	SITION (Name of ce IORE CE	metery, cremetory of METERY		20c. LOC/ B A	ATION — CHY OF TO LTIMOR	E, MD.					
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			MARC		H. 110	01 E. M	NORTH AVE					
L CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	AUSE (Disease or Injury and Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
4: MEDICAL					PERFORMED? XIX YES 2 □ NO				MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **XXYES 2 NO					
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Check only one)	-						
70	POSTES 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 6 Other (Specify)												
Y PHY	1 Natural 8 Pending		3490	M 1 🗆	YES 2 NO	2 Accident 3 Sulcide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 4 Home 28f. LOCATION (Street and Number or Rural Route Number, 73 try factory, Court, Baltimore)								
TED BY PHYSI	1 Natural 8 Pending 2 Accident Investigation 3 Suicide Could not be	28e. PLACE	OF INJURY — At home, farm,	street, factory, offi		281. LOCA 73°179	TION (Street and)	or Number or Rural	Route Number t,Baltimore					
B	1 Natural 8 Pending Investigation 3 Suicide 4 Homicide determined 29a. CERTIFIER (Check only)	28e. PLACE (building	OF INJURY — At home, farm,	street, factory, offi HOME	e and place, and d	731vg	Malino	ory Cour	t,Baltimore					
BE COMPLETED BY	1 Natural 8 Pending Investigation 3 Suicide 4 Homicide determined 29a. CERTIFIER (Check only)	28e. PLACE of building //SICIAN: To the best of NER: On the basis of its	OF INJURY — At home, farm, etc. (Specify)	street, factory, offi HOME	e and place, and d	73'lyg	Malino	ory Cour ner as stated. due to the cause(t,Baltimore					
B	1 Natural 2 Pending Investigation Investigation 3 Suicide 4 Homicide	28e. PLACE of building /SICIAN: To the best of NER: On the basis of intermediate of the basis o	OF INJURY — At home, farm, etc. (Specify) I my knowledge, death occur xxamination and/or investigat	street, factory, offit HOME red at the time, dat tion, in my opinion,	e and place, and d death occured at t	731/9 ue to the cause to the time, date UMBER	eo(s) and mann	ory Cour or as stated. due to the cause(20d. DATE SIGNE) 11-	t, Baltimore a) and manner as stated. b) (Month, Day, Veer) 14-90					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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>	8	IPE NUS	E
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. OECEDENT'S NAME (First, Middle, Last) WILBUR BRAXTON 2. DATE OF DEATH MONTH DAY YEAR 7. 52 P. II							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) 163 - 16 - 7447 10 M 2 F 77 YRS. 8. AGE (In yrs. lest birthdey) 98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH							
E	BALTIMORE, MD. BALTIMORE, MD.							
DIRECTOR	RESIDENCE OF DECEDENT							
జ	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
	MD BALTIMORE, CITY 11/2/YES 2 NO 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?							
ERA	528 E. 23rd ST. 21218 USA							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, apacify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. YES 2 NO Specify: BLACK							
ETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
COMPLET	12th TRUCK DRIVER							
BE CO	17. FATHER'S NAME (First, Middle, Lest) N/A LILLIAN BRAXTON							
10	198. INFORMANT'S NAME (Types/Print) ALMA ROBERTS 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 118 DAVIS AVE S.W LEESBURG, VA. 22075							
	20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cornetory, crematory or 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cornetory, crematory or CATONSVILLE, MD.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM.C. MARCH F.H. 1101 E. NORTH AVE.							
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Uptur 6 blldle PERFORMED? 1 YES 2 NO PERFORMED 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:							
HYS	1 ☐ YES 2 ☐ MO							
	Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO							
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
TO BE C	296. SIGNAFORE AND TITLE OF CERTIFIER Words 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/12/1990							
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TYPA, PYIN) AMIS A CHEW WORKET A HOMEWOOD HORIET CAME SOLE							
	31. DATE FILEO (Month, Day, Year) Julie Devidon-Rendelle Salto, Mid 2/2/1							

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NOV 1 6 1990

ystclan and completely filled in by the prior to burial, cremation, or removal.

DRIANT II item 28 is marked, or item 23 shows any injury, or other traumatic event,
is within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem
E RINEHAL DIRECTOR: After this certificate has been signed by the attending physician and complete
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
DIVISION OF VITAL RECORDS, F.O. BOA 13146,

FOR STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last) MILDRED BUTLER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 # F YRS. 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. FUNERAL 10e. STREET AND NUMBER 3500 Liberty Height Ave. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 11. MARITAL STATUS 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced BY COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) John Hinton BE 19a. INFORMANT'S NAME (Type/Print) 2 Stella Alston 20e. METHOD OF DISPOSITION

Burial 2 Cremetton 3 Removal from State 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE shock, or haart failure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** disease or condition en resulting in death)

032 91 08 BUTLER, MILONED 67/23/290 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH M1990 YEAR II 09 10:17 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7/23/25 Md 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore 1 # YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: Black 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clara Hinton 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2814 Mohawk Ave. Balto. Md. 21207 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Western Star Catonsville, Md. 22 NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata Interval Between **Onset and Death** HPS DUE TO (OR AS A CONSEQUENCE OF) Mixed Tunor - Stage IV CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL **WAILABLE PRIOR TO** COMPLETION OF CAUSE 1 - YES 2 (NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Notural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Check only

1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TATLE DE CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Michael 9 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Devidon-Randalle

standard bed with

YEAR 1990

3. TIME OF DEATH

A.

12:45

2. DATE OF DEATH

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Leat)

CHARLES

VERNON BARLAG

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November 14, 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🖳 M 2 🗌 F Oct. 22, 1902 212-03-1513 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Chapel Hill Nursing Home Randalstown Baltimore 10b. COUNTY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland Baltimore funeral director, page 5 should be detached for use as the burial-transit permit, FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 139 W. Lanvale Street 21217 USA after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XHO 1 Never Married 2 Marrie 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8 Stock Broker Finance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Catherine Wooden Charles Barlag 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 139 W. Lanvale Street Baltimore Maryland 21217 Ellen B. 3 20s. METHOD OF DISPOSITION 1 & Burlet 2 Cremetion 3 D B 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Baltimore Maryland Parkwood Cemetery 11/16/90 Donation & C Other (Specify) 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNEPAC SERVICE LICENSEE Leonard J. Ruck, Inc. 5305 Harford Road 21214 filled in by the f on, or removal. medical 23. PART i. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final this certificate has been signed by the attending physician and completely filler with the State Dept, of Health and Mental Hygiene prior to burial, cremation, the CHRONIC OBSTRUCTIVE LUNG DISEMENUIL

DUE TO (OR AS A CONSEQUENCE OF):

PECHTOR ON T BRONCHITIS. disease or condition resulting in death) event. other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): espiratory Failure due to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST death 23 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Anenoschensis with COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? Cardiovariular diseases AcribSC 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO ent 2 - ER/Outpatient 3 - DOA me 5 Residence 6 Other (Specify) OR ATTENDING PHYSICIAN: marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO . After ti BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide ETED DIRECTOR: A hours after d .00 item 28 4 | Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL TO THE FUNERAL C be filed within 72 h IMPORTANT: It II HOSPITAL 2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 물목물 D19668 R.M. SLOL M.D. 11/15/90 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10705 Reisterstown Road . CIWINGS MILLI MD. R. M. Shah, M.D. DHMH-16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



AND STREET THE THE PART OF STREET

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

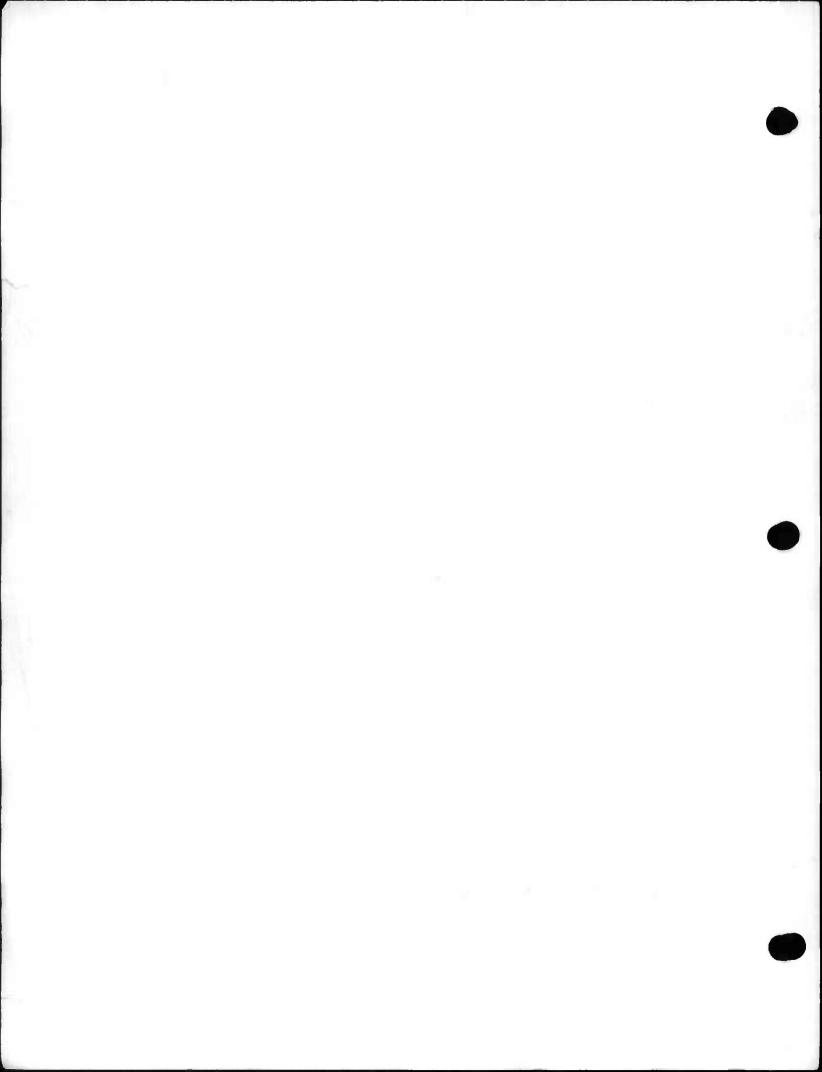
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ITEMS: 23, 27 per ME G-670 12/24/90 cm

90 31508

	1 - STATE REGISTRAR	SIRIE OF IM	CE				DEATH	WENTAL TIGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH	
	Jess	ica	Laur	en	(Caud	ill	11-14-		YEAR	3:15PM M
	4. SOCIAL SECURITY NUMBER	5. SEX 1	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURII MIN.	7. DATE OF BIRTH (Month, Day, Year) March 15	1000	Countr	IPLACE (State or Foreign y) Maryland
	9e. FACILITY NAME (If not institution, give st			9b. CITY,	TOWN O	R LOCATION OF DE		-	INTY OF D		
DIRECTOR	St. Josephs Hosp	ital				TOW	son		Bal	timo	re County
E I	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN O	R LOCATI	ON				10d. INSIDE CITY
	Maryland Balt	imore			Timo	nium	1		_		1 TES 2X NO
BY FUNERAL D	10e. STREET AND NUMBER					10f.	ZIP CODE	10g. CITIZEN			WHAT COUNTRY?
	1909 Lyde						21093	USA			
	11. MARITAL STATUS 1 Rever Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	MED	1	yes, spe		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	e or No—	14. RACI Black Spec	E — American Indien, k, White, atc. ffy: White
	15. DECEDENT'S EDUC (Specify only highest grade				USUAL OC		N It of working	16b. KIND OF BL	SINESS/IN	DUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5 +	life	Do NOT u	se retired.)						
COMPLETED											
	17. FATHER'S NAME (First, Middle, Last)	-1!11						ME (First, Middle, Msider			
BE	David Allen Cau	Idili	l Servi					Elizabeth			
2	190. INFORMANT'S NAME (Type/Print) Janet E. Caudill		196					Route Number, City or To			
	20a, METHOD OF DISPOSITION		20h PLACE				en Koad	, Timoniu	m, IV		
	1 Buriel 2 Cremation 3 Rem	oval from Stale	other pl	ace)			THE PARTY OF	Gardens			
	21. SIGNATURE OF FUNERAL SERVICE LIC		Dui	arrey			D ADDRESS OF FA		1111	ioriiu	III. WQ.
	▶ F	Paul T. I	ochstan	npfo			non-Mitch	hell-Wiede	feld		
DICAL CERTIFICATION	shock, or heert feiture. List only offerceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sudden Infant DEATH SYNDROME (SIDS) OUE TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										Onset and Death
L CE	PART II. Other significent condition	ne contributing to	deeth but not i	resulting	In the un	derlylng	csuse given in			248	b. WERE AUTOPSY FINDINGS
ME	PERFORMED? AWA COM OF								AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
IA	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATH (Ch	neck only one)			
SIC	EXAMINER?	HOSPITAL:	CR/Outpatient 3	□ DOA	OTHER 4 Nun		e 5 🗆 Reeldenca	8 Other (Specify)			
Y PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending	25e. DATE OF (Month, D		28b. Til	ME OF JURY M		URY AT RK? /ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			- 19
TED BY	3 Suicide 8 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS										a) and monner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIE	W					29c. LICENSE NUI		29d. OA	11-1	D (Month, Day, Year)
5	ANN M. DIXON, MD		SE OF DEATH DIE	l Per	n St	reet	,Baltimo	ore,MD 212	01		Ĭ.
	NUV 16 1990	32. REGISTRA	AR'S SIGNATURE	ee.							

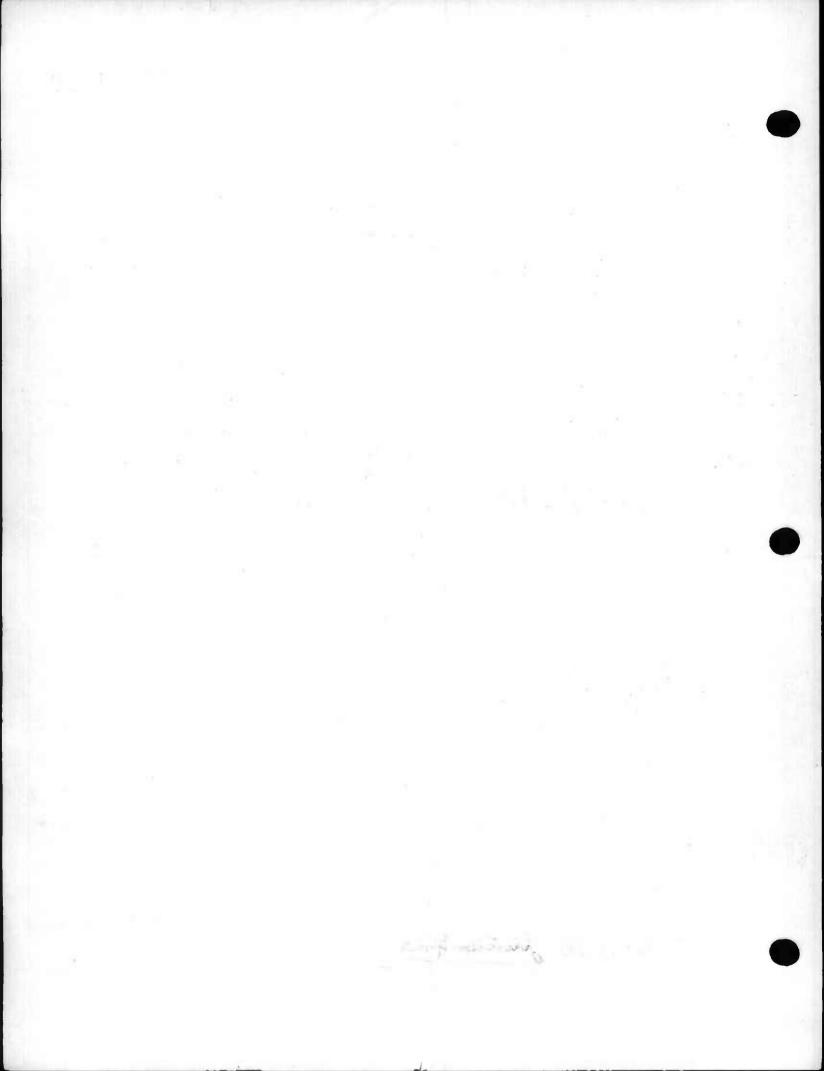
VC



INTERIOR OF VITAL RECORDS, P.O. BOX 13146, THE MORPE, MARYLAND 21203-3146 TO THE MORPE ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to be us	
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R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH REG	GIENE 9 G. NO.	0 3	1509)
			-		_

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN		31509
1	1. DECEDENT'S NAME (First, Middle, Last	a. COLEMY	,		2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/5-74-6076		rs. last birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1964	BIRTHPLACE (State or Foreign Country)
OH	Setun Manor RESIDENCE OF DECEDENT	street and number) N. H.	96. CITY	TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUN	тү	Balt	DR LOCATION			10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	3303 Dolf	eld Ave		101. ZIP CODE 2/2	15	10g. CITIZEN	OF WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES	2 X NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 XNO Speci	en, Puerto Ricen, etc.)	e or No— 14.	RACE — American Indian, Black, White, etc. Specify: B/9/2
COMPLETED	15. DECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)	Ge. DECEDENT'S USUAL Of (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUST	RY
BE COM	Amold Col	'eman		ROSali	AME (First, Middle, Meider nd Wat	Surname)	
0	LOSalind Wats	Gibbs	3303	S (Street end Number or Rural) S (Riel C) 4	poute Number, City or Tox	vn, State, Zip Coo	1 21215
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (S) 17	moval from State	her place	Hill Ce	2 M An	ne Ar	under Co. rd
	(Dean	. Cal	1	NAME AND ADDRESS OF F	Wabas	h Au	e
	25 PART 1: Enter the disease, o ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ALDS	the mode of dying, aud	ch as cardiac or resp	piratory arrest.	Approximate Interval Between Onset and Death 3 twos
NOIN	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CO					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Dissesse or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A Co	DNSEOUENCE OF):				
MEDICAL C	PART II. Other algorificant condition of the prices	ins contributing to death but [while losis	i Canda	Esophaciti	1 Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Hendlical St. WAS CASE REFERRED TO MEDICAL	B.	Gon	ON WG			1 TES 2 NO
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpati	ont 3 DOA 4 DANU				
	27. MANNED OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
IED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY	At home, ferm, street, fac		281. LOCATION (Street City or Town, Sten		Rural Route Number,
COMPLE	nnel	SICIAN: To the best of my knowled					suse(s) and manner as stated.
SE C	298. SIGNATURE AND TITUE OF CERTIF	ien O		29c. LICENSE NU	JMBER	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type Print)	Disi	24	卅	2 11/13/50
	31. DATE FILED (MONTH, Day, Year)	OLN 7 A LAN -	5214	Harfna	va. Bal	to. M	2. 21214
	NOV 1 6 1990	Julia Davidson	Asophe L				



DHMH-16 Flev 1/89

In care has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

arred, or Nom 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	WENTAL HYGIENE REG. NO.	
FOR	STATE OF MADVIAND / DEDADTMENT OF HEALTH AND A	MENTAL HYCIENE	1

100	REGISTRAR		CERT	IFICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		YEAR	3. TIME OF OEATH	
	Elma Baer Clayl	and				монти	13	90	рм	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthda			7. OATE OF BIF	TH	8. BIRTI	HPLACE (State or Foreign	
	265-98-0145	1 🗆 M 2 😿 🗜	89 YRS	MONTHS DAYS	HOURS MIN.	11-26	5-1900	Per	nsylvania	
	Se. FACILITY NAME (If not institution, give s	itreet and number)		9b. CITY, TOWN	OR LOCATION OF DE			OUNTY OF I		
TOR	1304 Monkton Road	L		Monkt	on		Baltimore County			
E I	10a. STATE 10b. COUNTY	٧	10c. (CITY, TOWN OR LOC	ATION				10d. INSIDE CITY UMITS?	
8	Maryland		F	altimore	City				1.XXVES 2 NO	
7	10a. STREET AND NUMBER				IOI. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?	
NER/	426 E. Lake Ave.	1			21212			U.S.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	If yes, i	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specify	in, Puerto Rican,		14. RAC Blac Spec	E — Amaricon Indien, ck, White, etc. Chy: White	
G	15. DECEDENT'S EDU (Specify only highest grade		16a. OECEDEN	T'S USUAL OCCUPAT	FION most of working	16b. KIND	OF BUSINESS/I	NDUSTRY		
<u>u</u>	Elementary/Secondery (0-12)	College (1-4 or 5 +)	He. Do NO	of work done during r. IT use retired.)						
AP I	12 years		Hom€	emaker					112 21	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
BE (George W. Baer				Annie C	Catherin	ne Thom	pson		
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Stree	t end Number or Rural	Route Number, City	y or Town, State,	Zip Code)		
F	George C. Baer				Drive, F	Richards	son, TX	.7508	30	
	20e. METHOO OF OISPOSITION 1 Duriel 2 Cremation 3 M Rem	novel from State	20b. PLACE OF DIS	POSITION (Name of c	cemetery, crematory or		20c. LOCATION			
	4 Donation 5 Other (Specify)	Ovar nom state	Slate Ri	idge Ceme	tery		Delta,	Penr	nsylvania	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE A D S	2 1	22. NAME	and address of FA	ciumy defeld	Home			
	John G. Reit	, tom	1) Kup				Mary	yland 21212		
	23. PART I. Enter the diseases, or		and the death. C						Approximats	
	shock, or heert fellure. IMMEDIATE CAUSE (Final	List only one cause on	n each line.			31 33 CG(G)CC C	i tespilator,		Interval Between Onset and Death	
	disease or condition resulting in desth)	DUE TO (OR A	SEATI CONSEQUENCE	E OF):	TWEER				5 mos	
z										
CERTIFICATION	Sequentially list conditions, if any, isading to immediate	DUE TO (OR A	S A CONSEQUENCE	E OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
E	that initiated events	DUE TO (OR A	A CONSEQUENCE	E OF):						
E	resulting in death) LAST	d								
	PART il. Other significent condition	ns contributing to deat	h but not resulti	ng in the underly	ing cause given in	Pert i 24e	WAS AN AUTOPS	SY 24	b. WERE AUTOPSY FINDINGS	
MEDICAL			The troi to de troi	ng in the didding	ing codes given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă						— l'	YES 2		OF DEATH?	
×									1 YES 2 NO	
ž										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)	heck only one)				
YSI	1 TYES 2 NO	1 Inpatient 2 ER/O		A 4 Nursing H	ome 5 Residence		**			
	27. MANNER OF DEATH	26a. DATE OF INJUF (Month, Day, Yea		INJURY	NJURY AT WORK?	28d. DESCRIBI	E HOW INJURY	OCCURED		
ВУ	2 Accident Investigation				YE\$ 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	JRY — At home, fer Specify)	rm, street, factory, of	fice	28f. LOCATION City or Tow	(Street and Num m, State)	iber or Rural	Route Number,	
E	290. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my kn	nowledge death no	curred at the time of	ete and place, and du	a to the course(s)	and manner as	eteted		
COMPLETED	conduct ormy	ER: On the basic of examina							(s) and manner ee stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER	29d. £	ATE SIGNE	D (Month, Day, Year)	
	Harold In	cake 1	nw		1018	220		4/	14/90	
5	30. NAME AND ADDRESS OF PERSON WY	HO COMPLETEO CAUSE OF	OEATH (ITEM 27)	Type, Print)					2/2049	
	HAROLD TUC	KER 78	501 10.	RK RS	#203	1 ouls	on, n	10	refuela.	
	(/NAV 4-6 1990	1 Lulia Bair	San Barle	80.						

DHMH-16 Rev 1/89

TO THE HOSPITAL OF ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 5 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I ham 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICAT	E OF	DEATH	F	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM GI	RASON CARR					2. DATE OF MONTH	DEATH DAY 15	YEAR 90	3. TIME OF DEATH 3:45A M
	4. SOCIAL SECURITY NUMBER 21.5-24-2456	5. SEX 6.	AGE (In yrs. lest birthd	MONTHS	DAYB	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1 (Month, Da 3-1	BIRTH y, Year) 2-01	Countr	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give s 220 Ridge Avenu			75.	Tows on Baltimo					
FUNERAL DIRECTOR	100. STATE 100. COUNT Maryland Bal	ltimore		CITY, TOWN		TION	10d. INSIDE CITY LIMITS? 1 YES 2 XX0			
RAL	10. STREET AND NUMBER 220 Ridge Avenue		zip code	/1	10g. CI	TIZEN OF V	VHAT COUNTRY?			
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	13	It yes, sp	CENDENT OF HISPA Hecity Cuben, Mexico	NIC ORIGIN? (S	pecify Yes or No		E — American Indian, t, White, etc. Ny: White		
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN	T'S USUAL	OCCUPATI	ON pet of working	16b. KII	ID OF BUSINESS/II	NDUSTRY	WIIICE
BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NO	hanic)	at or working	T	ruck/Aut	omobi	.1e
NO.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		le, Malden Surname)	_	
SE C	Walter Mavory Ca	rr				Mar	tha No	rma Gard	ner	
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural				
	Florence M. Carr					enue Tow				
	1 Donation 5 Other (Specify)	oval from State	Beckley	svill	e Cei	metery, cremetory or metery		Beckley	1000	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC Dennis S. Xe	- 1)	us Skenas	Bu		ell-Wiede		Home 650	0 Yor	k Rd 21212
	23. PART i. Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ALZh	aused the death. I on each line. P) WWW !	s Di			ch aa cardiac	or respiratory s	erreat,	Approximate interval Between Onset and Death
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENC	·						
CE	PART fi. Other significant condition	ne contributing to de	eath but not resulti	ng in the s	ınderivir	a cause given in	Part I. 24	. WAS AN AUTOPS	y 24h	WERE AUTOPSY FINDINGS
								PERFORMED? YES 2 NO		ARABABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C	heck only one)			
Sic	1 VES 2 NO	HOSPITAL:	R/Outpetlerit 3 🗆 DO	A 4 N	Eft: ursing Hor	ne 5 Aesidence	6 Other (S	pecify)		
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		TIME OF INJURY M	W	JURY AT ORK? YES 2 NO	28d. DESCR	BE HOW INJURY O	CCURED	
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, fa c. (Specify)	rm, street, fe	ictory, offi	CO .	281. LOCATION OF T	ON (Street and Numb own, State)	ber or Rural i	Route Number,
3 Suicide a Could not be determined City or flown, Stete) City or flown, Stete) 29a. CERTIFUER Certifue Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. One) 2 MEDICAL EXAMINER: On the basta of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									s) and manner se stated.	
BE	29b. SIGNATURE AND TITLE OF CENTRAL	Tow	,			D1327		29d. D.	ATÉ BIGNET	(Month, Day, Year)
2	Robert E. Stone:		of DEATH (ITEM 27) (20 Sr. Pi	Type, Print) .erre	Driv	e Ste. 5	06 Tow	son MD 2	1204	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN	CONTENTE AND	L.					, 1	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE REGISTRAR	STATE OF MAI		TIFICAT	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Kyle		Daniel		Camp	obell		of DEATH	3	YEAR	3. TIME OF DEATH 10:19AM M
4. SOCIAL SECURITY NUMBER 5.	SEX 6.	AGE (In yrs. lest birtho		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		e. BIRTH	PLACE (State or Foreign
N/A	™ 2 □ F	YR	es. 3	6	HOURS MIN.	7-	16-90		Vir	ginia
9a. FACILITY NAME (If not institution, give street			11.7		OR LOCATION OF E	EATH		9c. COUNT		
Physicians Memorial	l Hospita	al		La Pl	lata			Char.	les	County
10a. STATE 10b. COUNTY		10c.	CITY, TOWN	DR LOCAT	TION					10d. INSIDE CITY
Maryland Charl	es	M	Marbu	ry						LIMITS?
10e. STREET AND NUMBER				101	. ZIP CODE					HAT COUNTRY?
Newcut Road					20658			U.	S.A	•
11. MARITAL STATUS 12. X Never Married 2 Married	FDRCES? 1		13.		ENDENT OF HISP/ ecify Cuban, Mexic			or No-	14. RACE Black	— American Indian, White, etc.
B Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2 NO Spec				Speci	
15. DECEDENT'S EDUCATION			NT'S USUAL (168	KIND OF BUS	INESS/INDU	JSTRY	WILLCE
(Specify only highest grade com Elementary/Secondary (0-12)	pleted) ollege (1-4 or 6+)	(Give kind	d of work done IOT use retired.,	during mo	et of working					
N/A		N/A					N	/A		
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N					
Wesley Ca	rl Ca	mpbell			Sus	an	Ann	ette		Fisher
De. INFORMANT'S NAME (Type/Print)		10000000			and Number or Rure					
Wesley Carl Cam	pbell	P.	0. B	ox 3	889, Ma	rbur	y, Md	. 20	658	
0s. METHOD OF DISPOSITION © Buriel 2 Cremetion 3 Removal	from State	20b. PLACE OF DIS other place)					11.00	CATION — C		
□ Donation 5 □ Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICENS		Park H					Ma	rbur	У,	Ma.
				T.T. 2 19	ND ADDRESS OF F	There	we 7 II	0 *** 0	Tw	a
13. PART I. Enter the dispayes, or com	plications that ca	Remoz used the death.		Wil Rt.	1iams 225 &	Fune Glym	ont R	d. I	ndi	an Head.
shock, or heart fellure. List	only one cause SUDDEN IN	pused the death. I on each line.	Do not ente	Wil Rt.	liams 225 & ode of dying, su	Fune Glym	ont R	d. I	ndi	an Head.
shock, or head fellure. List MMEDIATE CAUSE (Finel lisease or condition sewiting in death) Sequentially list conditions, a my, leading to immediate ause. Enter UNDERLYING c. — hat initiated events	SUDDEN IN DUE TO (OR	on each line. FANT DEA	TH SYNCE OF):	Wil Rt.	liams 225 & ode of dying, su	Fune Glym	ont R	d. I	ndi	Approximate Interval Between
shock, or hear feilure. List MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	FANT DEA' AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	TH SYN CE OF): CE OF):	Wil Rt. or the mo	1iams 225 & ode of dying, su	Fune Glym ch as can	ont R	d . I ratory arre	ndi	Approximate Interval Between
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ahock, or head fellure. List MMEDIATE CAUSE (Finel Isease or condition securiting in death) a equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events securiting in death) LAST ART II. Other algnificant conditions of LEXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? H 11	DUE TO (OR	FANT DEA' AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not result Consequence The but not result Consequence The but not result The but not result	TH SYNCE OF): CE OF): ting (n the L	Will Rt. or the mo IDROM IDROM 26. PI ER: urning Hor	1 i ams 225 & Ide of dying, su IE g cause given i	Fune Glym ch as carr n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	ndi	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and D
shock, or heap fellure. List MMEDIATE CAUSE (Finel lisease or condition equinting in death) Sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST ART II. Other aignificant conditions or EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? WAS CASE REFERRED TO MEDICAL EXAMINER? MI TO MANNER OF DEATH MI Natural 5 Pending	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR ONTIBUTING TO decorate to the contributing to the cont	FANT DEA' AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE THE DEATH OF THE PROPERTY OF	TH SYNCE OF): CE OF): ting (n the L	Will Rt. or the mo DROM DROM 26. PI Training Hore 28c. INJ	1 i ams 225 & Ide of dying, su	Fune Glym ch as carr n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	ndi	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and D
shock, or heart fellure. List MMEDIATE CAUSE (Finel disease or condition esulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST PART II. Other aignificant conditions or S. WAS CASE REFERRED TO MEDICAL EXAMINER? XX XES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR ONTRIBUTING TO GOR ONTRIB	TANT DEA' AS A CONSEQUENCE A	TH SYNCE OF): CE OF): CE OF): CE OF): CE OF): OA OTHE OF INJURY M	Will Rt. or the mo DROM DROM 26. PI FRI: reling Hon 28c. INJ 28c. INJ 1	1 i ams 225 & Ide of dying, su IE g cause given i LACE OF DEATH (C) TO BE CONTROLL TO BE	Fune Glym ch as can Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset O
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or cause. Examiner? XXXES 2 NO 11 77. MANNER OF DEATH 1 Netural 5 Pending investigation or be	OSPITAL: Inpatient 2 CE 28a. DATE OF IN MIT To the best of my	FANT DEA' AS A CONSEQUENCE A	TH SYNCE OF): CE OF): CE OF): CE OF): Ling (n the L OA 4 N N TIME OF INJURY M arm, street, fa	Will Rt. or the mo NDROM 26. PI ER: umling Hon 28c. INJ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 i ams 225 & de of dying, su IE g cause given i LACE OF DEATH (C) ne 5 Residence JURY AT TYES 2 NO	Fune Glymch as carrother as car	24a. WAS AN PERFORM 15. YES 2 ATION (Specify) SCRIBE HOW III ATION (Specify) are (S	AUTOPSY MED? NJURY OCC	24b.	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death

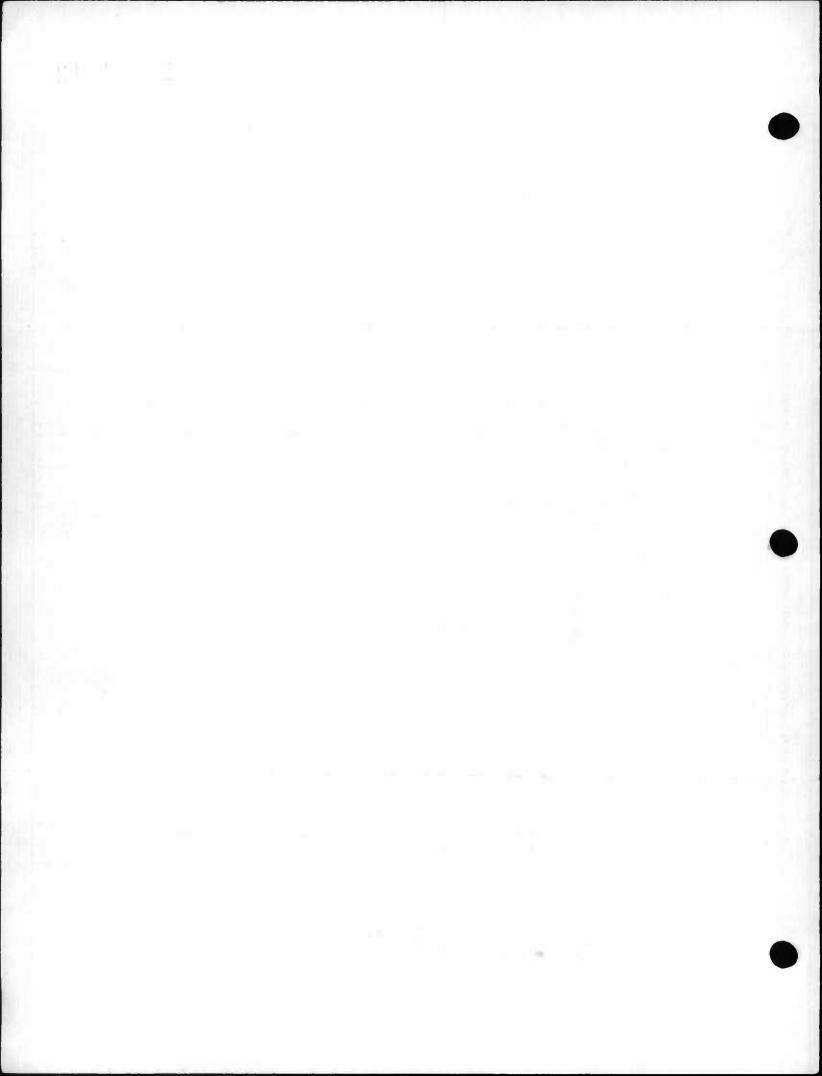
BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

mours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a found a fact death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Morith, Day, Year)

DHMH-16 Rev 1/89



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after death. Page 6 may be retained by the hosp	0	0	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Arrouns after death. Page 6 may be retained by the host	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the first page 5 should be detached by the first	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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1 14	200	3	

Jeffrey Cole,

M.D.

,	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND I	MENTAL HYGIEN REG. NO		31513	
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH	
	Anna DiMarino 4. SOCIAL SECURITY NUMBER	COOK			19	November :			
	213-30-0794	1 M 2 F	(In yrs. lest birthday)	MONTHS E	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 11,	1933 M		
~	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	OWN OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	32 Overbrook Roa	d		Cato	nsville		Balti	imore	
EC	10a. STATE 10b. COUNTY		10c. Cf	TY, TOWN OR	LOCATION	· ·		10d. INSIDE CITY	
ā	Maryland Baltim	ore	Ca	tonsv	ille			1 YES 2 NO	
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?	
E	32 Overbrook Roa	d			21228		U.S.A	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 ND	lf y	S DECENDENT OF HISPAI es, specify Cuban, Maxica YES 2 NO Specif	in, Puerto Rican, etc.)	8 or No— 14	RACE — American Indian, Black, White, etc. Specify:	
	15. DECEDENT'S EDUCA	Tion				Townson as an		White	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT' (Give kind of life. Do NOT	S USUAL OCC work done dur use retired.)	JPATION ing most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
₹ I	12. FATHER'S NAME (First, Middle, Last)	4	Nurse			Montebe	lo Hos	spital	
ö	Nicola DiMarino				Adelina	ME (FISK, MODIL, MAIOR) L DiPaolo	Surname)		
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street and Number or Rural		on State 7in Co	del	
5	Rose Gray				ead Road E				
	20a METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Remon	val from State	other place)		of cemetery, cremetory or	0.97	HANN C	y or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICE		Druid Ri	age Ce	ME AND ADDRESS OF FA	Balt	imore.	MD. al Home, Inc.	
	· marting.	Dissel	J.	71:	LO Belair R	oad Balti	more,	Maryland 2120	
	23. PART I. Enter the disease, or co shock, or heart fellure. L IMMEDIATE CAUSE (Final	ist only one cause on	each line.					Interval Between	
	disease or condition resulting in death)	DHE TO (OR AS	Cur	dias	Amest			orehou 2 2 jean.	
CERTIFICATION	MMEDIATE CAUSE (Pinel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
S									
EDICAL	PART II. Other significant conditions	contributing to death	but not resulting	In the und	erlying cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
≥						_		1 TES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C/	heck only one)			
\Z	1 YES 2 ND	1 Inpatient 2 ER/Ou		4 🗆 Nursin	g Home 6 🗆 Residence	6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	VJURY	BC. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED	
8	3 Suicide S Could not be determined	and Number or)	Rural Route Number,						
OMPLET	A	IAN: To the best of my kno						cause(s) and manner as stated.	
O BE C	29b. SIGNATURE AND TITLE OF GENTIFIED	bru Il	Eolo, My)	29c. LICENSE NU	MBER 12	29d. DATE S	HIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH OTHER OF CE	- Delega		· · · · ·		· · · · · · · · · · · · · · · · · · ·	

MPGITUD CAUSE OF DEATH (ITEM 27) (Type, Print)
3455 Wilkens Avenue Baltimore, Maryland

21229

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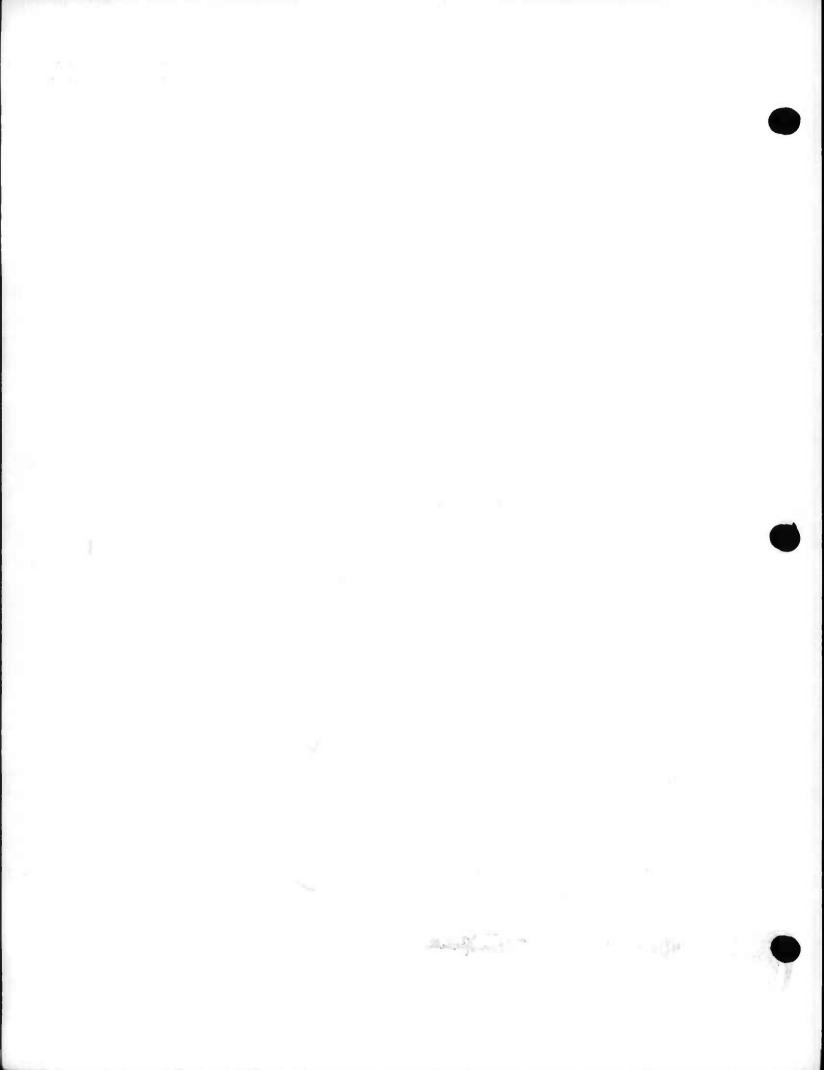
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law mounts that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be find within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burist, cromat IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatic event,

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.	E	01011
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT A.	CHESSER				2. DATE OF DEATH DATE 1	y year 7 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-14-1208	1 🛛 M 2 🗆 F	65 YRS. MON	THE DAYS H	F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH	MP2	ITHPLACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give 401 SECLUDED F			A A .	. CO.	АТН	9c. COUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. COUNT	7. CO.	10e. CITY, TO	WN OR LOCATION	4			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 401 SECLUDED PO			2	1061		USA	F WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, specif		IC ORIGIN? (Specify Yes I, Puarto Rican, etc.)	or No t4. R/Bi	ACE — American Indien, eck, Whita, etc. ec/fy:
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most o ired.)	of working	16b. KIND OF BUS	INESS/INDUSTRY	′
BE COM	17. FATHER'S NAME (First, Middle, Last) MARTIN CHESSE	R		1		ME (First, Middle, Melden HANDWERGI		
TO B	190. INFORMANT'S NAME (Typo/Print) MRS. EMMA CHES	SSER	196. MAILING ADD		Number or Rural R	loute Number, City or Town	n, State, Zip Code)	
	20a. METHOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Ren 4 Donation 5 Other (Specify)	moval from Stata	ARDENS O	F FAIT	H CEM	BAL	TO. CO	
_	TO SIGNATURE OF PUMERAL SERVICE L	Lacren	ski			FUNERAL ST. BALT		21224
2	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Let only pre cause on a	ach lina.	carcu	n d f	a cardiac or reapi		Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		CONSEQUENCE OF):)91				
BY PHYSICIAN: MEDICAL (PART II. Other significant condition	ns contributing to death b	ut not resulting in t	he underlying o	cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 700	HOSPITAL:		26. PLACETHER: Nursing Home	E OF DEATH (Ch	6 Other (Specify)		
Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. tNJUF WORK	Y AT	26d. DESCRIBE HOW t	NJURY OCCURED	,
TED B	2 Accident investigation 3 Suiside is Could not be 4 Homicide determined	and Number or Ru	rail Route-Number,					
COMPLETED	cont.	SICIAN: To the best of my know						se(a) and menner as stated.
TO BE C	256. BIGHATURE AND TITLE OF CERTIFI	VHO COMPLETED CHOSE OF OF	July (TEN 27) (Sine Sti	MD	29c. LICENSE NUN	ABER /	29d. DATE SIG	NED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	M.D. 30	pel s.	Honor	ERST. BO	2 Himsu	rf 21230





	ne death certific	the attending pl	Mental Hygieno	njury, or othe
	requires that to	been signed by	of Health and	shows any l
	THE PHYSICIAN THE IAW requires that the digital certain	s certificate has t	th the State Dept	FEET marked, or item 23 shows any injury, or other
SETTING		日本の 日本の 日本	A THE REAL PROPERTY.	Marke marke
(F-202)	TO THE HOSPIE -	E FUNEIUC DIN	be filed within an analysis of the wift the State Dept. of Health and Mental Hygiene	IMPORTANT II I
	10	110	e file	MPO

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

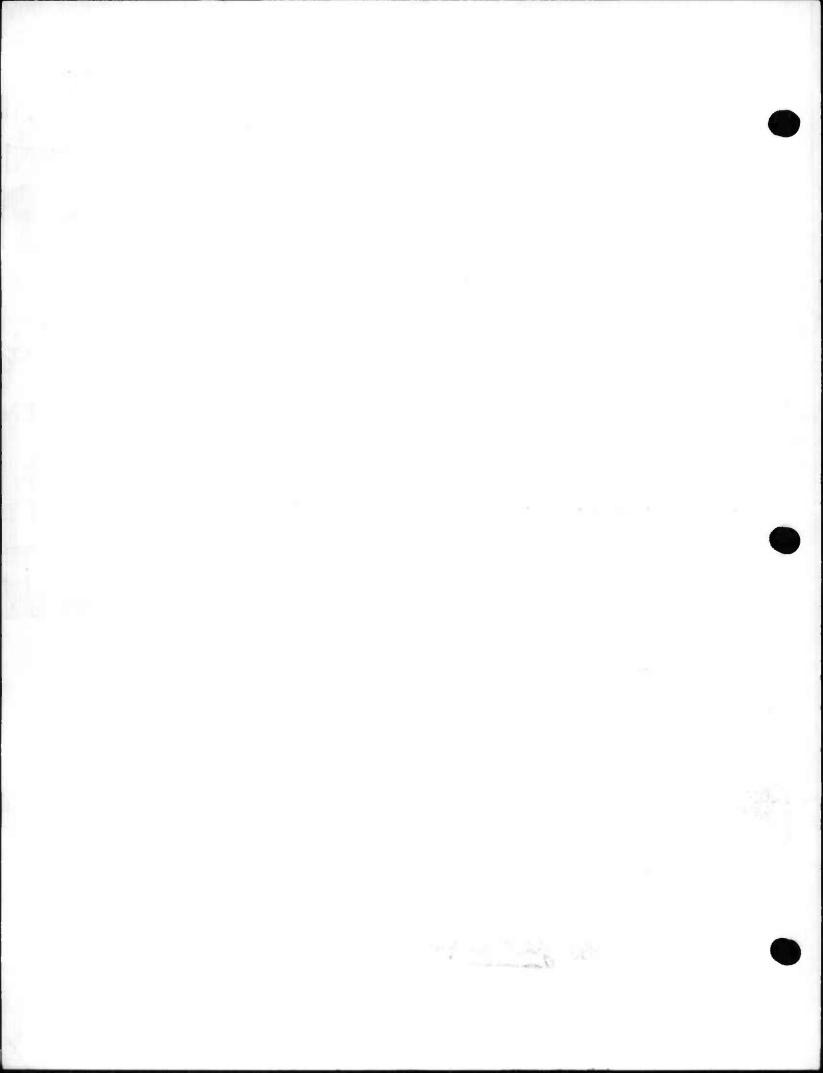
Maurice

Dew

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH MONTH 13 3. TIME OF DEATH MONTH 13 4:50

											3. TIME OF DEATH			
,	Maurice		I)ew						11 13 90 4:50 P.M				
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR		R 24 HRS.	7. DATE OF				NPLACE (State or Foreign
ı	216-62-856	61	1 🛭 M 2 🗆 F	35	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	6-195	55	Count	N. C.
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DE	ATN		9c. COU	NTY OF E	
E I	Marylan	d Ger	neral Ho	spital		Baltimore City								
5	RESIDENCE OF DEC										Livin managaran			
DIRECTOR	10a. STATE Md	10b. COUNTY	,		10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER					Dail		r. ZIP COL		10g. CITIZEN OF WHA				1 YES 2 NO
RA	5031 Queens	sherry	Avanua				"	212				iog. Cit		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	berry		IT EVER IN ILS.	ARMED	13	WAS DE			VIC ORIGIN? (Specify Ver	or No-	U S	A American Indian.
											k, White, etc.			
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify								,.				black		
COMPLETED	15. DEC (Specify onl)	work done	OCCUPAT	ON ost of work	ing	16b. K	ND OF BUS	SINESS/IN	DUSTRY					
	Elementary/Secondary (life. Do NOT u	se retired.)										
MP									-2011					
8	17. FATHER'S NAME (First, M ROY L. D									ME (First, Mid		Sumame)		
BE	19a. INFORMANT'S NAME				401 1140 016		00.00			Roger		- Di-1- 7	- 0-1-1	
2	Roy L.						110			enue				J 01015
	20a METNOD OF DISPOSIT	TON		20h Pl A	CE OF DISPO					enue				d 21215 own, State
	1 Burisi 2 Crematic	on 3 🗆 Rem	oval from State	othe	nlace)					Park		butu		
ì	21. SIGNATURE OF FUNERA		CENSEE					ND ADDR	-		1 / 11	Data	3, 11	u .
	· Uhn	L-+:	6/10	. 1	March F/H West									
	23, PART i. Enter tha d	M.	CVU	70	donth Do	11	4	300	Waha	sh Ave		lenten: o		Approximate
			List only one ca			not and	pr trig iii	oda oi d	ymg, auc	II VS CEIGIE	c or reap	natory at	reat,	Interval Batween
	IMMEDIATE CAUSE (Fit disease or condition													Onset and Death
}	resulting in death)	→	a. Sepsi	S (OR AS A CON	SEQUENCE O)F):				·				
- 1		_	Acqui	red Im	mune l	Defi	cien	cv S	vndr	ome				İ
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme		D	OR AS A CON					,					
EA	cause. Enter UNDERLY	ING	G											
Ĕ	CAUSE (Disease or Injuthat Initiated events		DUE TO	OR AS A CON	SEOUENCE C	OF):						_		
	reaulting in death) LAS	ST L	d				_						_	
0	PART II. Other algnifica	ant condition	na contributing to	deeth but no	ot reeuiting	in the	underlyi	ng ceuse	given in	Pert i. 2	4s. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
CA											PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE
										— I'	☐ YES 2	XX		OF DEATH? 1 YES 2 NO
_										_				1 123 1 110
NA	25. WAS CASE REFERRED	TO MEDICAL					26.	PLACE OF	DEATH (C	heck only one)				
Sic	EXAMINER? 1 ☐ YES 2 ☐ NO		HOSPITAL:	☐ ER/Outpation	3 🗆 DOA	OTHI		me 5 🗆 I	Residence	8 🗆 Other (Spec/fy)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. Til		28c. II	JURY AT		28d. DESC	_	INJURY O	CCURED	
ВУ Р	1 Natural 5 2 Accident	Pending Investigation	(Monus,	Day, 10el/	-	M		YES 2	□ NO					
	3 Suicide 8	Could not be		OF INJURY — A	t home, ferm,	street, fa	ectory, off	lca			ION (Street Town, State		er or Rural	Route Number,
II	4 Homicide	datarmined								1177.32				
7	29e. CERTIFIER (Check only	TIFYING PNYS	SICIAN: To the best	of my knowledge	, death occur	red at the	e time, de	te and plac	ce, and du	e to the cause	(a) and ma	nner as st	ated.	
WC	3 Suicide 8 Could not be detarmined building, stc. (Specily) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(a) and manner as stated.										(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)													
BE	1	leas	M 912	AW	MID				n/	a		•	11-1	3-90
5	30. NAME AND ADDRESS C	F PERSON WI	HO COMPLETED CA	USE OF DEATN	ITEM 27) (Typ	e, Print)		1						
	D	r. Eli	as M.	Gizaw	M.D.	c/	о Ма	ryla	nd G	eneral	Hos	pita.	1	
	31. DATE FILED (Month, Day			AR'S SIGNATUR	E									
	NOV 16	1990	gulia Da	rdson-Ad	notelle									



CIAN: The law requires that the death certificate be executed within

6	2		100	ŀ
TO THE HOSPITAL OR ATTE CONTROL ON ATTENDED TO THE Law requires that the death certificate be executed within controls after death. Page 6 may be retained by I	5 should		MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
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9 90	irect		E	ŀ
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death	e fune	.i.	exam	
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Dr. Louis Grenzer,

31. DATE FILED (Month, Day, Year)

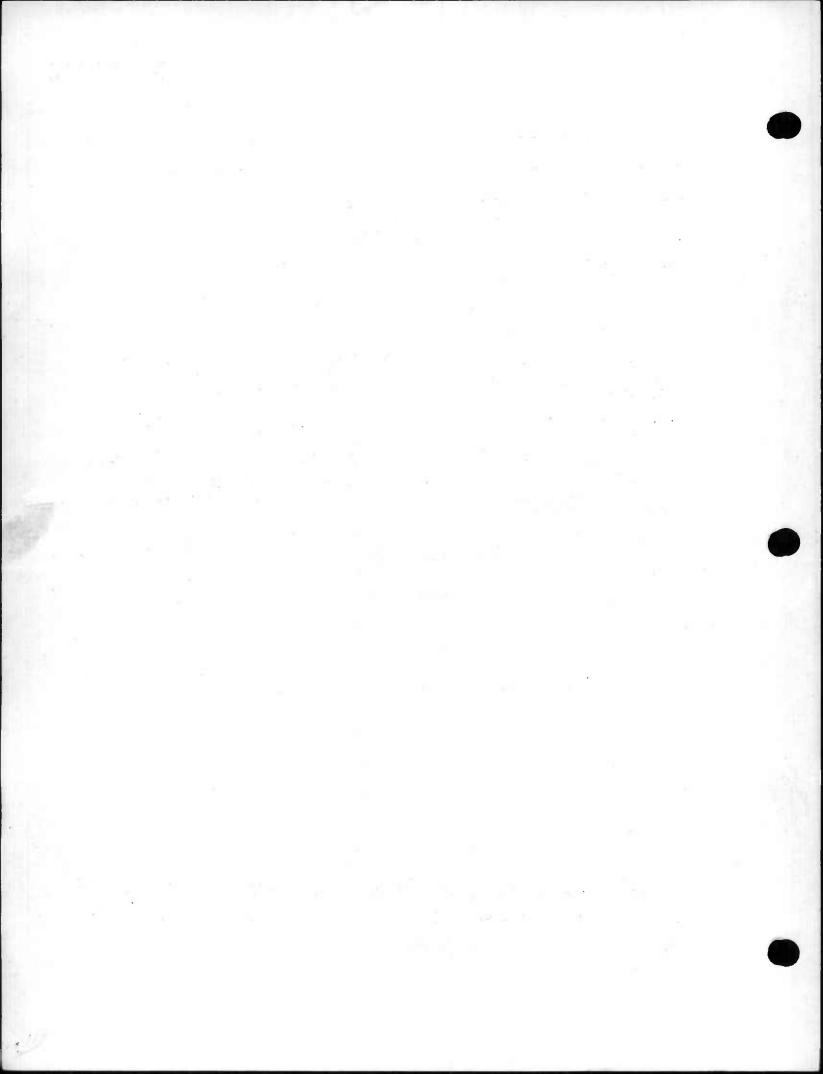
NOV 16 1990

	FOR	OTATE OF I	ADVI AND I D		NT 05 1			_	0 3	31516
	1 - STATE REGISTRAR	SIAIE UP N	MARYLAND / D Cef			DEATH		ilene i. no.		
TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	NTH DAY	YEAR 3.	. TIME OF DEATH
	JOSEPH M. D'A	NNA					11 -		90	10 P.M. M
	4. SOCIAL SECURITY NUMBER 212-03-4151	5. SEX 1 XXM 2 F	6. AGE (in yrs. last bi	YRS. IF UNI	B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Y	bar)	Country)	ACE (State or Foreign RYLAND
	9a, FACILITY NAME (If not institution, give CANTON HARBOR NU		TER	9b. C		LT IMORE	EATH	9c. COUN	TY OF DEAT	rH -
	MARYLAND			10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1 \(\overline{\text{V}} \) YES 2 \(\overline{\text{NO}} \) NO		
	600 LIGHT ST. APT. 414				101. ZIP CODE 21230			U. S. A.		
	11. MARITAL STATUS 1 XXVever Merried 2 Merried 3 Widowed 4 Divorced	d 2 Merried FORCES? 1 YES 2 XNO If yee, a		ENDENT OF HISPAT Hecity Cuben, Maxica 3 2 XNO Specifi	in, Puerto Rican, e			- American Indian, White, etc. WHITE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) NA NA 16e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired. AGEN			ne during m d.)	16b. KINO OF BUSINESS/INDUSTRY COMMERCIAL CREDIT				DIT	
	17. FATHER'S NAME (First, Middle, Lest) JOSEPH D''ANNA 18. MOTHER'S NAME (First, Middle, Maiden Surrame) THERESA FERTITTA									
	19a. INFORMANT'S NAME (Type/Print) JENNY KEHOE (COUSIN) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1566 GLENKEITH BLVD., BALTIMORE, MD. 21204									
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) MOST HOLY REDEEMER 20c. LOCATION — City or Town, State BALTIMORE, MD.									
	22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD. 21213									
	22 PART I. Enter the diseases, or shock, or heart fallers IMMEDIATE CAUSE (Final	omplications the	t coused the deet se on sach line.			C			est,	Approximate Interval Between Onset and Death
	disease or condition and the state of the st							yrs.		
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. At Least Contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PINDINGS MAILBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
	27. MANNER OF DEATN 28s. DATE OF INJURY 1 Netural 5 Pending Investigation 1 Accident Investigation									
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF, CERTIFIER AGUA S									
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAU	SE OF DEATH (ITEM :	(Type, Print)					1	1110

1101 N. CALVERT ST., SUITE 1808, BALTIMORE, MD.

32. REGISTRAR'S SIGNATURE

21202



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		IENT OF HEALTH AND MENTAL HYGIENE ATE OF DEATH REG. NO.	0,017				
	1. DECEDENT'S NAME (First, Middle, Last) MARY DORSEY Mary C. Dor	ey 2. DATE OF DEATH MONTH PAY	YEAR 90 10: 10 A M				
BE COMPLETED BY FUNERAL DIRECTOR	219-76-0621 1□M2担F 75 YRS.	NTHS DAYS HOURS MIN. 4/Marty 5	BIRTHPLACE (State or Foreign Country) Md.				
	9a. FACILITY NAME (If not institution, give street and number) Jiberty Medical Center RESIDENCE OF DECEDENT	CITY, TOWN OR LOCATION OF DEATH Baltimore	TY OF DEATH				
		own or Location Baltimore	10d. INSIDE CITY LIMITS? 1 \$\frac{1}{4}\$ YES 2 \square\$ NO				
	100. STREET AND NUMBER 1644 N. Gilmor St.	21217	USA				
	11. MARITAL STATUS 1 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, stc.) YES 2 NO	14. RACE — American Indian, Black, White, atc. Specify: Black				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S L (Give kind of wr life. Do NOT use	done during most of working	USTRY				
	17. FATHER'S NAME (First, Middle, Last) James Bennett Harriett Dorsey						
0	James Day 1644	DRESS (Street and Number or Rural Route Number, City or Town, State, Zip. Gilmor St. Balto. Md. 2121	.7				
	1 ∰ Burlal 2 ☐ Cremetion 3 ☐ Removal from Stata office (Place) 4 ☐ Donation 5 ☐ Other (Specify) Western		rille, Md.				
	21. SIGNATURE OF FUSIERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home 1300 Eutaw Pl. Balto. Md. 2	P.A. 21217				
	23. PART LEnter the diseases, or complications that caused the death. Do no shock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF	A	est, Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. UENTRIC ULAR FIBRILLATION DUE TO (OR AS A CONSEQUENCE OF): RESP FIFILURE OUE TO (OR AS A CONSEQUENCE OF): SEPSIS IHYPOTHERMA ENCEPHALOPATTY						
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
PHYSICIAN: MEDICAL		1 YES 2 NO	OF DEATH?				
SICIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO						
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO						
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, aic. (Specify) 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica City or Town, State) 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica City or Town, State)						
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER JEVANOR S. Jeland Horpot	Physica D37203 1	E SIGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TERANCE L. LAMB LIBERTY MEDICAL CENTER, Batts 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 1 6 1990 Juha Dandon-Rondon Rondon Ron							
	NOV 16 1990 July Saider Rondell	OV 16 1990 Jula Davidson Ronda	DHMH-16 Rev 1/89				

And half get . I

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		OF HEALTH AND	MENTAL HYGIENE REG. NO.	20	31310	
	1. DECEDENT'S NAME (First, Middle, Lest				2. DATE OF DEATH 3. TIME OF DEATH			
	Annabelle Dela	Delawder			MONTH DAY YEAR 115 A M			
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIRT	HPLACE (State or Foreign	
	219-20-6415	1 🗆 M 2 💢 F	72 YRS. MONTHS	DAYS HOURS MIN.	4/28/18		ryland	
_	9a. FACILITY NAME (If not institution, give	11	9b. CIT	Y, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	/	
5	HOWARD COUNT	4 GENERAL	Masp.	olumbia		How	AROL	
DIRECTOR	Md. Bal	timore	10c. CITY, TOWN Relay	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
- 1	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	5110 Walnut Avenue			21227		USA		
2	11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARM		N U.S. ARMEO 13.	WAS DECENDENT OF HISPAI		Yaa or No- 14. RACE — American Indian,		
BYF	1 Never Merried 2 Married FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Mexico 1 TYES 2 NO Specif		Black, White, atc. Specify: White		
ED	15. DECEDENT'S ED (Specify only highest gree	16a. OECEDENT'S USUAL C	OCCUPATION during most of working	16b. KIND OF BUSH	NESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)					
Z Z	8th		Homema		Home			
3	17. FATHER'S NAME (First, Middle, Last)	2.4			ME (First, Middle, Maiden St	urname)	100	
BE BE	Jessie W. Albri	gnt			3. Russell			
2	19a. INFORMANT'S NAME (Type/Print) Charles R. Delay	rden		is (Street and Number or Aural out Avenue, F		State, Zip Code) 21227		
	20a. METHOD OF DISPOSITION					ATION — City or 1	Town State	
		1 N Burial 2 Cremation 3 Ramoval from State other place)						
	21. SIGNATURE OF FUNERAL SERVICE	22. NAME AND ADDRESS OF FA			CILITY			
	* Manny	Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227						
RTIFICATION	23. PAHT I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or beart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
ш	readiting in death) CAST	eaulting in death) LAST						
N: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give Candron xo path x Candrac Arrhythama Chronic Mirlsgenous Leukemia				PERFORA	PET I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF DEATH? 1 YES 2 1		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
XS	1 YES 2 NO	1 12 Inpettent 2 ER/Out	patient 3 DOA 4 No	irsing Home 5 - Residence		HIEV OCCUPED		
ВУ РР	1 Netural 8 Pending 2 Accident Investigation	el 8 Pending (Month, Day, Year) INJURY WORK? M 1 YES			28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide S Could not be detarmined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281, LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
8	296. LICENSE NUMBER P 25 8 7 6 296. DATE SIGNED (Month, Day, Year) 11-15-90							
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) PYDO, Print. Pichard W. Saith A. D. 1880 2 HICKORY Ridge Rd.							
	NOV 16 1990	32. REGISTRAR'S SIG		ARCI V.SI				
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FOR STATE REGISTRAR

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פיינים אום ביינים היינים הייני	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 vours at	DESCRIPCE. After this partificate has been signed by the attending physician and completely filled in by
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5	ATTEN	GUL
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	1. DECEDENT'S NAME (First, Middle, Las Mary Norman Dewl								MONTH	14/90		EAR 3. 1	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH		BIRTHPLAC	E (State or Foreign
	217-22-8877	1 🗌 M 2 🖾 F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	6/	24/97		Country) Ne	w York
	9a, FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	rown o	R LOCATIO	N OF DE	ATH		9c. COUNTY	OF DEATH	
OR	830 W. 40th St.	Apt 461			Ва	alti	imore	Cit	у				
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ITY		10c. CI	TY, TOWN OR	LOCAT	TON					10d	. INSIDE CITY
DIRECTOR	Maryland				Bal	tin	nore	City	J			1 5	LIMITS? YES 2 NO
- 1	10e. STREET AND NUMBER						. ZIP CODE				10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	830 W. 40th St.	Apt 461					212	11				U.S.A	١.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	X)NO	If:	yes, sp	ENDENT O ecify Cuber 2 X NO	n, Mexica	n, Puerto F	? (Specify Ye lican, etc.)	s or No — 14	Black, Wh	American Indian, lite, etc. White
a	15. DECEDENT'S Et (Specify only highest gra		16s	DECEDENT'S	S USUAL OCC	CUPATIO	ON of of working		16b.	KIND OF BU	SINESS/INDUS	STRY	-
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT	ise retired.)								
MP		4 Years		Scho	ol Tea	iche	_					y Pub	olic Scho
8	17. FATHER'S NAME (First, Middle, Last)						100			fiddle, Maiden	Sumame)		
BE	William W. Norma 190. INFORMANT'S NAME (Type/Print)	ın		I 405 141 11 11	0.4000000	***			Judge		vn, Stata, Zio Ci		
2	Mrs. Pat Jerabek												02146
	20e. METHOD OF DISPOSITION		20b. PL	ACE OF DISPO							CATION - CIT		
	130 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	oth	er place)	uid Ri								ryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22 N	AME AL	ND ADDRES	S OF FA	CILITY				
	•										irecto dallst		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CO	NSEOUENCE (OF):	-J)						5 Day
	PART II. Other algnificant conditi	ona contributing to	death but r	not reaulting	In the und	lerlyin	g ceuse (given in	Part I.	24a. WAS AI	N AUTOPSY		RE AUTOPSY FINDIF
: MEDICAL			AS	500)						1 TYES	2 🗆	OF	MPLETION OF CAUS DEATH? YES 2 AGO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Ch	eck only on	10)			
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpetle	nt 3 🗆 DOA	4 2 Nursi	: ng Hon	ne 5 🗆 Re	rsidence	8 🗆 Othe	r (Specify)			
Ħ	27. MANNER OF DEATH	28e. DATE O	F INJURY Day, Year)	28b. Ti		28c. IN.	JURY AT		T		INJURY OCCU	RED	
†	1 Vetural 5 Pending				М		YES 2	NO					
О.	2 Accident Investigation		OF INJURY	At home, farm	, street, facto	or offic			28f. LOC	ATION (Street	and Mumber of	- Dural Doube	Attimotions
ED BY P	2 Accident Investigation 3 Suicide 8 Could not 6 4 Homicide determined	pe building	, etc. (Specify)			. ,				or Town, State		noral roote	Number,
D BY P	3 Sulcide 4 Homicide 8 Could not determined 29a. CERTIFIER (Check only 1 CERTIFYING PH	pe building	of my knowledg	ge, death occu		ne, date	and place		City	or Town, State	anner as stated	ı.	

Balto., Md. 21218

Street

wha Davidson-Randale

Calvert

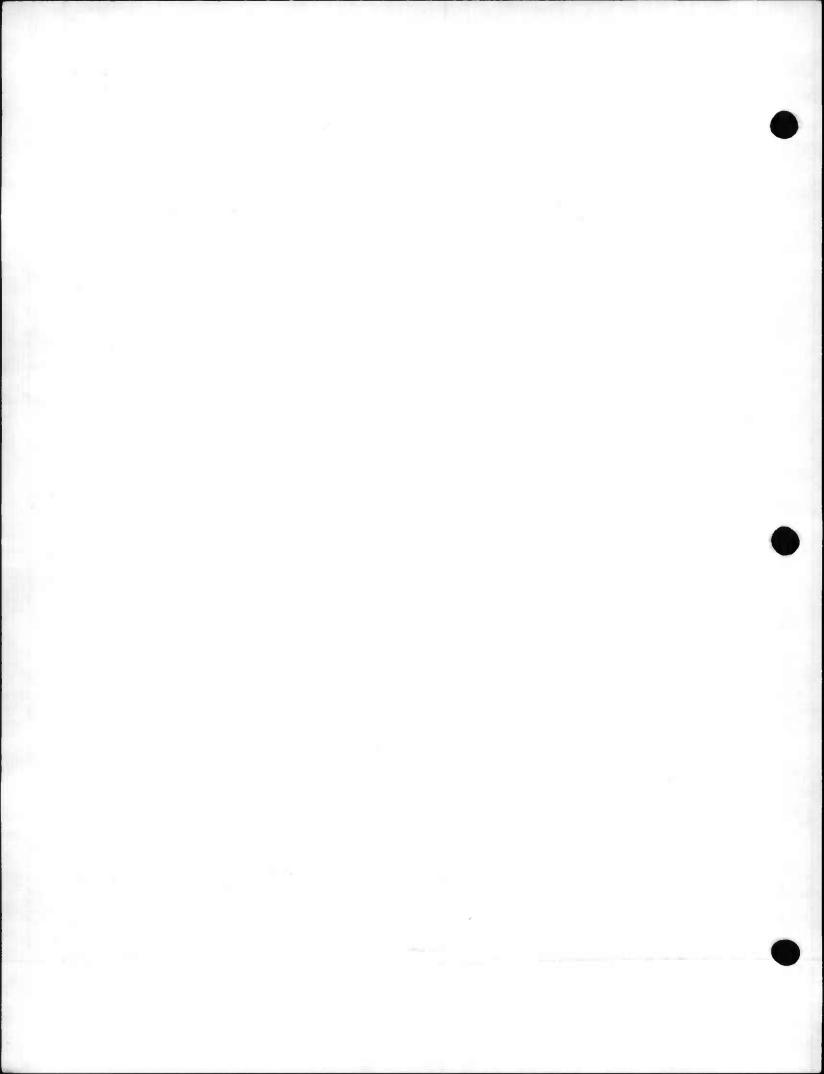
3300 N.

31. DATE FILED (Month, Day, Year) NUV 16 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

31519

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DHMH-18 Rev 1/89

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		permit.
46	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2
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BALTIMORE, MARYLAND 21203-3146	the hospit	detached
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IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE FUNCTION OF THE THIS CUITAN. The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the human the Charles of the things of the second of the second control of t DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

PEG NO

	HEGISTRAR		AIE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy I	sabel DIPPEL		2. DATE OF DEATH DAY	90 1554 A-M
	4. SOCIAL SECURITY NUMBER 5. SEX 2 1 - M 2 - M - 2 - M		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-20-04	8. BIRTHPLACE (State or Foreign Country) MD a
	9a. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN OR LOCATION OF DE	ATH 9c. 0	COUNTY OF DEATH
DIRECTOR	ST. JOSEPH HOSPITAL		Towson,		BALTIMORE
RE	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Baltimore	Tows	on.		13€ YES 2 □ NO
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
EB	315 Murdock Road		21212		I C D
5	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	HC ORIGIN? (Specify Yea or No	
	t Never Married 2 Married FORCES? 1 IF YES, GIVE WAI	YES 2- NO	If yes, specify Cuban, Mexica	n, Puerto Rican, etc.)	Specify:
ВУ	3 🔀 Widowed 4 🗌 Divorced				Specify: White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	WAL OCCUPATION k done during most of working	16b, KINO OF BUSINESS	S/INDUSTRY
Щ	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use	etired.)		
4	12 4	Homemake	er	Home	
0	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Maiden Surnar	ne)
Ш	William Millard Stirling		Mary El	eanor Burke	
BE	tea. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rural	Route Number, City or Town, State	e, Zip Code)
2	Mr. John G. McCahn	I N CL	anlas dissert a		21201
	20a. METHOD OF DISPOSITION		arles Street R		N — City or Town, State
	1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 8 ☐ Other (Specify)	New Cathedi	al Cemetery		ore, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-		CHUYDinnel Fun	neral Home, Inc.
	1 - 1 1 D	2			
	Martin 1. Hepsel	17.	7110 Belair R	oad Baltimor	e, MD. 21206
	23. PART I. Enter the diseases, or complications that ehock, or haer feliure. List only one caue IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (continue)	on each line.	ONARY A	REST	Interval Between Onset and Death
CERTIFICATION	If sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	PR AS A CONSEQUENCE OF):	MADIALIN	FARCTIM,	PRIBABLE
	PART II. Other significant conditions contributing to d	aeth but not resuiting in	tha undarlying causa given in	Part i. 24a. WAS AN AUTO PERFORMED?	
EDICAL				1 _ YES 2 _ N	COMPLETION OF CAUSE
					t 🗆 YES 2 🗀 NO
. N				_	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATH (C)	eck only one)	
SIC	EXAMINER? 1 YES 2 NO 1 inpetient 2		OTHER:	8 C Other (Specific)	
HX	27. MANNEB-OF DEATH 28a, DATE OF II	JURY 28b. TIME	OF 28c. INJURY AT	28d. OESCRIBE HOW INJURY	Y OCCURED
<u>a</u>	1 Netural 5 Pending (Month, Day		WORK? M 1 YES 2 NO		
ВҰ	2 Accident Investigation	INJURY — At home, farm, str		281. LOCATION (Street and Nu	renhar or Dural Bouda Mumbar
ED		ic. (Specify)	aut, lactory, office	City or Town, State)	armor or ribrar ribbate ribrada,
ET					
COMPLET	Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axa				
	295, SIGNATURE AND TITLE OF CERTIFIER	1	29c. LICENSE NU	MBER 29d	. DATE SIGNED (Month, Day, Year)
111		7013111	1 7/100	700	. 1. 10.
BE	KNIKOWU MOUSE P	14451CIAn	/ 1/ (10)		11113140
TO BE	30, NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typo, F		sul land To	11/13/90
	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE P. D. ES AI, M.D.; S.T. J.D. 31, DATE FILED (MONTH, Day, Year) 32, REGISTRAN	FRH HUSP		px fono, To	WAN, MD 21204

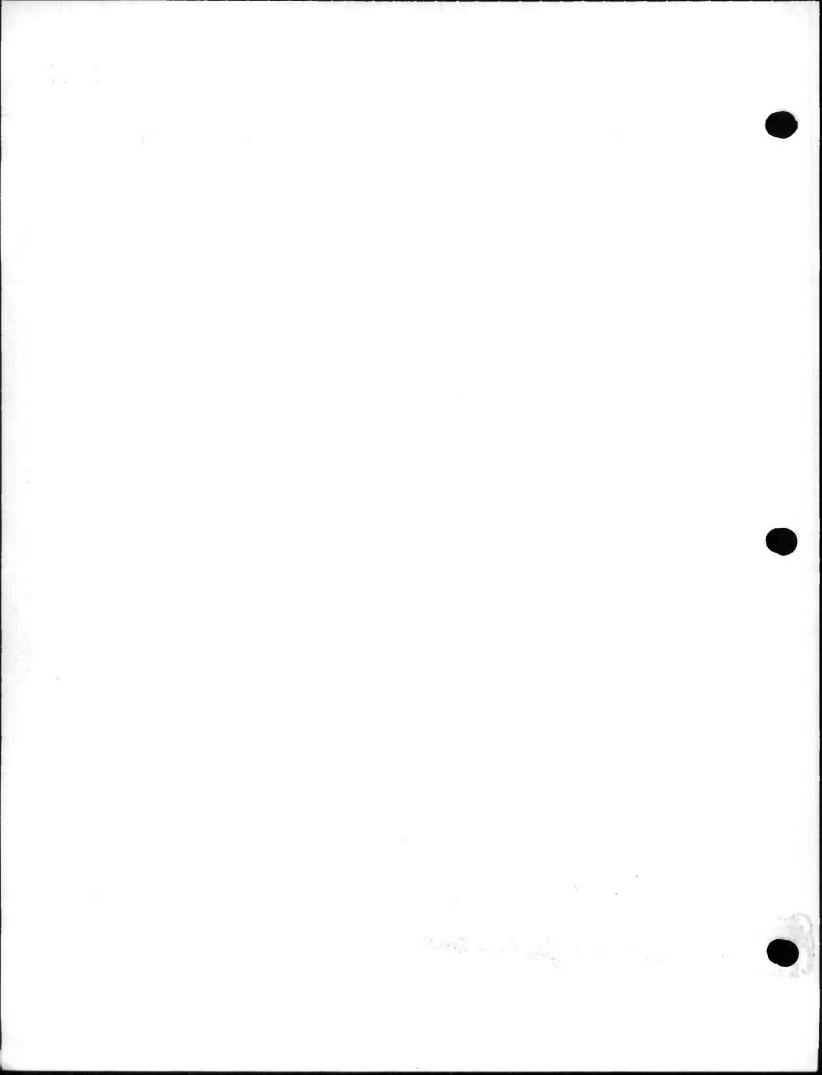
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DIVISION OF VITAL RECORDS, 1.O. DON 1914,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-100
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		1. DECEDENT'S NAME (First,	Middle, Last)	A. D	Minnie	Annie	Do11	Le		2. DAT	E OF OEATH TH DA		3. TIME OF DEATH	. M
		4. SOCIAL SECURITY NUMB			6. AGE (In yrs. In		F UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATI	E OF BIRTH		BIRTHPLACE (State or Foreign Country)	
pin		214 18 37		1 □ M 2 🔀 F	90	YRS.			HOURS MIN.		-21-19		England	
3 should	R	St. Agnes		,		,		Ltim		DEATH			TY OF OEATH	
es 1, 2,	ECTOR	RESIDENCE OF DEC				10e. CITY,	TOWN OF	LOCATI	ON				10d. INSIDE CITY	\exists
it. Pag	DIRE	Maryland	====	==		Ва	1tir	nore					1 X YES 2 NO	
it perm	RAL	10e. STREET AND NUMBER	D=1 = 11					101.	ZIP COOE				EN OF WHAT COUNTRY?	
burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS		SCO AVENT	EVER IN U.S. A	RMED			2123() NOENT OF HISF				U.S.A. 14. RACE — American Indian, Black, Whita, stc.	\dashv
the buri	BY F	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE W	YES 2 X	ĪMO			city Cuban, Maxi 2 NO Spe		o Mican, atc.)		Specify: White	
use as	TED	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	(ECEDENT'S US	k done di			10	b. KIND OF BUS	SINESS/INDU		
ğ	PLET	Elementary/Secondary (0 8th Grade	1-12)	College (1-4 or 5 +)	6. Do NOT use : Housew					Home N	Maker		
detached once.	COMP	17. FATHER'S NAME (First, M		6.1.1							, Middle, Malden			
should be	BE	19a, INFORMANT'S NAME (7	Pet	er Schi	edwayla Tı		OORESS	(Street ar	Anni nd Number or Run		mber, City or Tow	n, Stata, Zio	Code)	
10 E	유	Thomas Bo											Maryland 2106	51
ector, page		20a. METHOD OF OISPOSIT 1 X Burlal 2 Crematic	on 3 🗆 Rame	oval from State	other j	place)			etery, cremetory of				Offy or Town, State	
		4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENSEE	Dal	.cimore	22. N	AME AN	D ADDRESS OF	FACILITY			re, Maryland me P.A.	\exists
ne funeral di al. examiner		► C.10	uka	wx	Tone	2			_				e, Md. 21225	
ed in by the or removal. medical ex		23. PART I. Enter the d shock, or h	liseeses, or desirt fellure.	complications thet List only one cau	ceused the c se on eech lir	deeth. Do no ne.	t enter t	the mod	de of dylng, s	uch ss ce	ordiec or respi	retory sm	Interval Betw	veeп
E 5 2		IMMEDIATE CAUSE (Find disease or condition	nsl	Ac	orto (CVA	Ro	8D i	rator	us fo	ailu	~	Onset and D	eath
5 - 6		resulting in deeth)		DUE TO	(OR AS A CONS	EOUENCE OF):			, , ,	J 4				
n and c to buris	NO.	Sequentially list condit		b. DUE TO	(OR AS A CONS	EOUENCE OF):								
ending physician and co Hygiene prior to buria or other traumatic	FICA	cause. Enter UNDERLY CAUSE (Disesse or Inju		cDUE TO	(OR AS A CONS	EOUENCE OF:								
attending physician ntal Hygiene prior 1 v. or other traus	CERTIFICATION	that initiated events resulting in deeth) LAS	эт <u>Г</u>	d		·								
문문		PART II. Other significa	ent condition	s contributing to	deeth but not	resulting in	the un	derlylng	csuse given	In Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO	
signed by Health and	MEDICAL		Set	515							1 TYES 2		COMPLETION OF CAU OF DEATH?	
been si	-		que	union!	1			_					1 TES 2 NO	
icate has b State Dept.	CIAN	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH	Check only	one)			
certifica the St	\(\(\)	1 YES 2 NO		1 Inpatient 2 I		3 DOA 28b. TIME	OF Nurs	ing Home	e 5 🗆 Rasidene	-	her (Specify)	INJURY OCC	CURED	_
fler this eath with	ВУ Р	1 Netural 5 2 Accident	Pending Investigation	(Month, D	ay, Year)	INJU	RY M		RK? res 2 NO					
40 0	8	3 Sulcide 6 Homicide	Could not be determined		F INJURY — At atc. (Specify)	home, farm, st	eet, facto	ory, office			DCATION (Street ity or Town, State,		or Rural Route Number,	
	ш	(Orrect orny	TIFYING PHYS	ICIAN: To the best of	my knowledge,	death occurred	at the ti	me, data	and place, and	lua to the	cause(s) and me	nner sa stat	ed.	
FUNERAL within 72	COMPL				xamination and/o	or investigation	, in my o	pinion, d		el localica	eta and place, at		e cause(a) and manner as state	ed.
TO THE FUNER be filed within		296. SIGNATURE AND TITLE	E OF CERTIFIE	R					29c. LICENSE	NUMBER		29d. DATI	E SIGNED (Month, Day, Year)	
=	70	30. NAME AND ADDRESS O	OF PERSON WH	O COMPLETED CAUS	SE OF OEATH (IT	TEM 27) (Type, i	Print)							
N.		31. DATE FILED (Month, Day,	+6m)~	32. REGISTRA	AR'S SIGNATURE	00								
6		NOV 161	990	32. REGISTRA	an-Mona	James .							OHMH-16 R	an i m

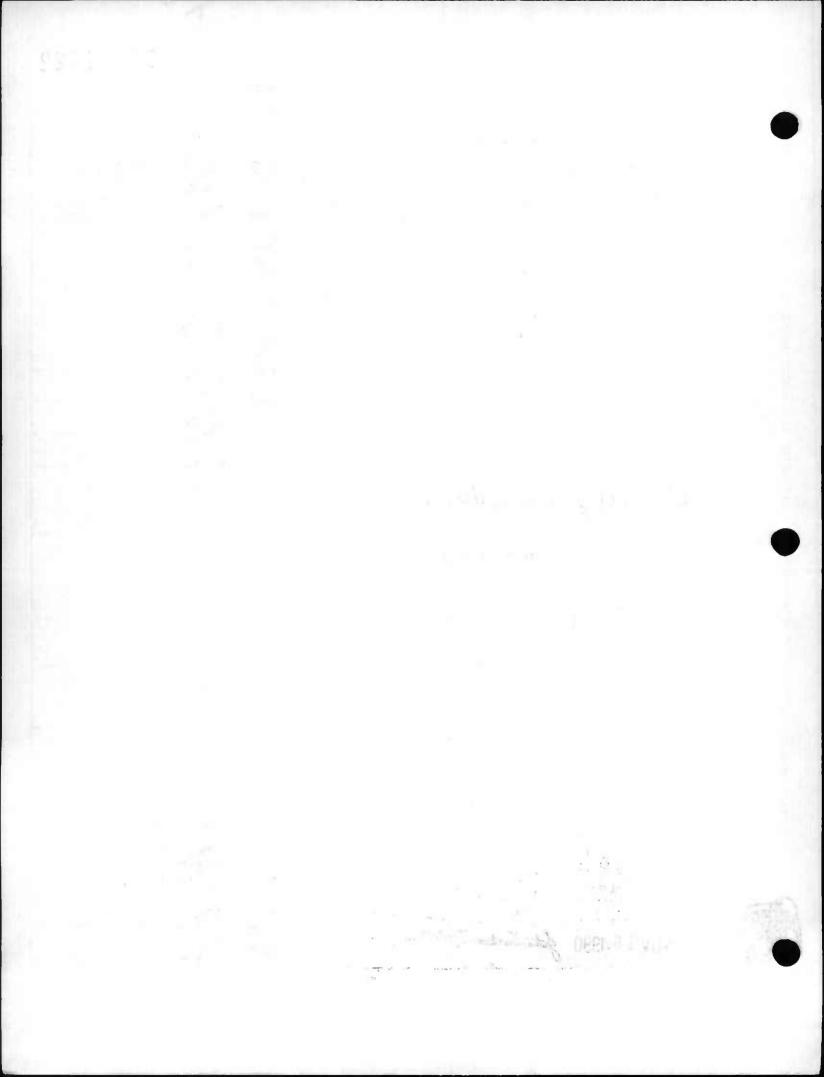
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

REGISTRAR		CER								
1. DECEDENT'S NAME (First, Middle, Lest) ALBERTA	DOBIA	+A1				2. DATE O MONTH	F DEATH DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birt	thday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	E BIRTH	1	8. BIRTH	IPLACE (State or Foreign
538-12-4427	1 🗆 M 2 💆 F	65	YRS. MONTHS		HOURS MIN.	08-	24 -	25	WA	SHINGTON
90. FACILITY NAME (If not institution, give st Stella Maris H			9b. Cl	Tows	OR LOCATION OF D	EATH		131.33.0	NTY OF D	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	140	De. CITY, TOWN	LOB LOCA	FION					16d. INSIDE CITY
Md. B	altimore			Esse		<u> </u>				LIMITS?
10c. STREET AND NUMBER 412 MArgaret	Ave.			10	ZIP CODE	221		10g. CITI	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EV FORCES? 1 I I IF YES, GIVE WAR (YES 2 NO	1	If yes, sp	CENDENT OF HISPA Hecity Cuban, Mexic is 2 NO Special	an, Puerto Ri		or No—	14. RACI Black Spec	E — American Indian, k, White, etc. #/y: White
15. DECEDENT'S EDUI		18a. DECED	ENT'S USUAL	OCCUPATION	ON	18b.	KIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		and of work don NOT use retired Self-							
17. FATHER'S NAME (First, Middle, Last)		Hi			16. MOTHER'S NA	AME (First, Mi	iddle, Malden	Surneme)		
190. INFORMANT'S NAME (Type/Print) Anton Dobihal		19b. M.	12 MA	rgar	end Number or Aural	BA]	Ltimo	re l	Md.	21221
20e. METHOD OF DISPOSITION 1 Separation 3 Control Con	oval from State	HOLLY	Hill	Neme of ce Cen	metery, cremetory or netery		20c. LO	CATION -	City or To	e Md.
- U Donation o Li Other (Specify)					ND ADDRESS OF F	ACILITY	_		_	
21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final	complications that ca List only one cause of	on each line.	. Do not ent	Conn	nellyFu	neral				Approximete interval Between
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that ca Liet only one cause a. Met R DUE TO (OR DUE TO (OR	on each line.	Do not ent	Conn	nellyFu	neral				Approximete Interval Between
23. PART I. Enter the disease, or a shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR d.	ON EACH IINE. LENAL (AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE	NCE OF):	CONT.	nellyFu	neral	ac or respi	iratory en		Approximete Interval Between
23. PART I. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR d.	ON EACH IINE. LENAL (AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE	NCE OF):	CONT.	nellyFu	neral		I AUTOPSY	reat,	Approximete interval Betwo Onset and De
23. PART I. Enter the disease, or a shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Met R DUE TO (OR	ON EACH IINE. LENAL (AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE	NCE OF): NCE OF):	CONT.	nellyFu	neral	24a, WAS AN PERFOI 1 YES :	I AUTOPSY	reat,	Approximete interval Betwee Onset and De Ons
23. PART I. Enter the disease, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	DUE TO (OR d.	AS A CONSEQUE	NCE OF): NCE OF): NCE OF):	CONT. er the mo	nellyFu	neral	24a. WAS AN PERFOI	I AUTOPSY	244	Approximete interval Betwee Onset and De Ons
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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146, On STRENDING BUXGLIAN. The law consistent the death conflictuals he mentioned within

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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e. FACILITY NAME (If not institution, give					Baltimore			9c. COUNT	TY OF DEAT	н
University Hosp				1	bal CINOLE	СТГА				
De. STATE 10b. COU			10c. CITY,	TOWN OR L	OCATION				10	d. (NSIDE CITY
MARYLAND				BAL'	TIMORE				11	LIMITS? YES 2 NO
De. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?
410 WEST 2	3rd STREET	1			21211				USA	
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☐ Widowed 4 ☐ Divorced	IF YES, GIVE V			10	YES 20 NO Spec	elly:		_	Specify:	HITE
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(Specify only highest gr Elementary/Secondary (0-12)	college (1-4 or 5			rk done durin	ng most of working					
10TH			TRUCKER				KEY W	AY CO	RP.	
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N					
JOHN W. DELL					VI	RGINI	A WILE	S		
e. INFORMANT'S NAME (Type/Print)					treet and Number or Run					011
BRENDA DELL		1			23rd STRE					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x 2001's after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

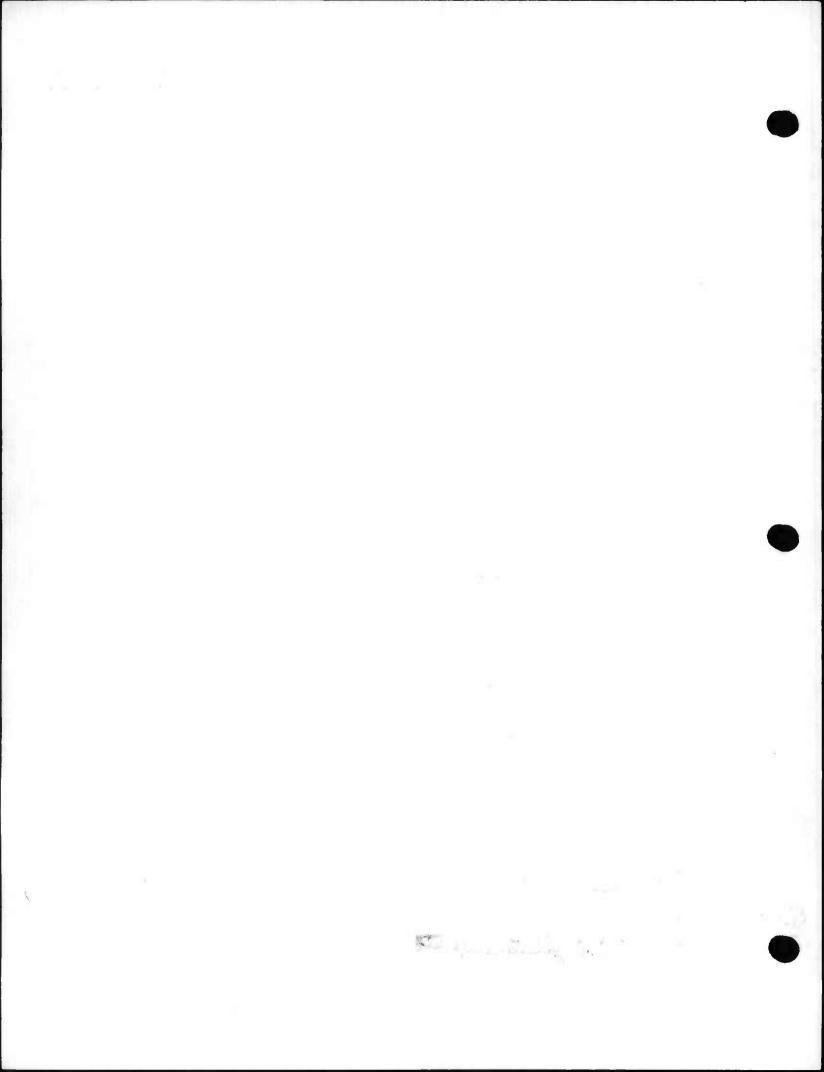
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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22. MAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOME 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 212 23. FART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one druse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENC		1X Buriel 2 Cremation 3 Rem	oval from State	other place)	The second second				
23.ART INEnter the diseases, or complications that death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one dates on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): ATHEROGENOTIC CANDO IN TAPDRET Due to (or as a consequence of): Due to (or as a consequenc) . ~	1	LEROY	M. & RUSS	ELL C. W	ITZKE E	FUNERAL HOMES
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):		23. PART I Enter the diseases, or o	complications that cause	d the death. Do no	t antar tha mod	da of dying, auch a	AVENUE, CA	ATONS V	, Approximata
DUE TO (OR AS A CONSEQUENCE OF): ATHEROSCITION CONTROL INSCRING DISCONSISTED IN THE CONTROL INSCRIPTION OF AS A CONSEQUENCE OF): DUE TO (OR		IMMEDIATE CAUSE (Final disease or condition	,		DiA '	THANKS	T		Onset and Death
Sequentially list conditions, and resulting in any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 1		resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF)		1010			
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. CL NOW C C C C C C C C C C C C C C C C C C C	Z		MIFAL	CIEN OF	C CANS	No Willed	M DICH	NCF	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. CL NOW C C C C C C C C C C C C C C C C C C C	5	If any, leading to immediate			C CAN	nio voscu	W DILE	580	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO	RTIFICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF)	C CVUI	nio ussau	W DIZE	<i>530</i>	
2 Accident Investigation M 1 YES 2 NO		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF)	C CAN		ort I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
2 Accident Investigation M 1 YES 2 NO	CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A d	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in	C CAN		ert I. 24e. WAS AN	AUTOPSY RMED2/	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 Accident Investigation M 1 YES 2 NO	CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A d	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in	C CAN		ert I. 24e. WAS AN	AUTOPSY RMED2/	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2 Accident Investigation 2 and RICE OF INITION - At home form street feeding office 2 and IOCATION (Street and Number or Purel South Number	CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Characteristics of the condition of the condition of the cause	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in	the underlying	g cause given in Pa	ert I. 24a. WAS AN PERFOI	AUTOPSY RMED2/	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
3 Suicide 8 Could not be determined Duilding, etc. (Specify) City or Rown, State)	PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in	26. PL OTHER: 4 Nursing Hom OF 28c. INJ. WO	Cause given in Pa	e only one)	AUTOPSY RMEDY 2 (2 NO	ANNLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner se stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end menner se stated.	BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in petient 3 □ DOA 28b. Time inju	26. PL OTHER: 4 Nursing Hom Nursing WO M 1 N	Cause given in Pa	ert I. 24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED3/ 2 [2 NO INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
296. SIGNATURE ANOTHER 29d. DATE SIGNED (Month, Day, Year)	BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / d. In contributing to death be an all the contribution of the contr	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in pertient 3 DOA 28b. TIME INJU Y — At home, farm, st wiedge, death occurred	26. PL OTHER: 4 Nursing Hom Nor 28c. INJ WO 1 Nor	ACE OF DEATH (Check to 5 Residence 6 TRY AT TYES 2 NO e 2 end place, end due to	conly one) Other (Specify) St. LOCATION (Street Chy or Town, State) the cause(a) end ma	I AUTOPSY RMED? 2 (7) NO INJURY OCCUP and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number,
REGIDENT. INTERNOR MEDICINE 11/14/90	BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not reaulting in Dut not reaulting in 28b. Time INJU Y — At home, farm, st wiedge, death occurre- on end/or investigation	26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY M 1 Nursing Hom topic and the time, date to in my opinion, d	Cause given in Pa	art I. 24a. WAS AN PERFOI 1 YES : conly one) Other (Specify) ed. OESCRIBE HOW ref. LOCATION (Street City or Rown, State) the cause(a) end mana, date end place, et	INJURY OCCUPANTED STATES OF THE PROPERTY OF T	ANNILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NEO Rural Route Number.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not reaulting in Dut not reaulting in 28b. Time INJU Y — At home, farm, st wiedge, death occurre- on end/or investigation	26. PL OTHER: 4 Nursing Hom OF 28c. INJ RY M 1 Nursing Hom topic and the time, date to in my opinion, d	Cause given in Pa	art I. 24a. WAS AN PERFOI 1 YES : conly one) Other (Specify) ed. OESCRIBE HOW ref. LOCATION (Street City or Rown, State) the cause(a) end mana, date end place, et	INJURY OCCUPANTED STATES OF THE PROPERTY OF T	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number, seuse(a) end manner ee stated.



31. DATE FILED (Month, Day, Year) NOV 1 6 1990

32. REGISTRAR'S SIGNATURE



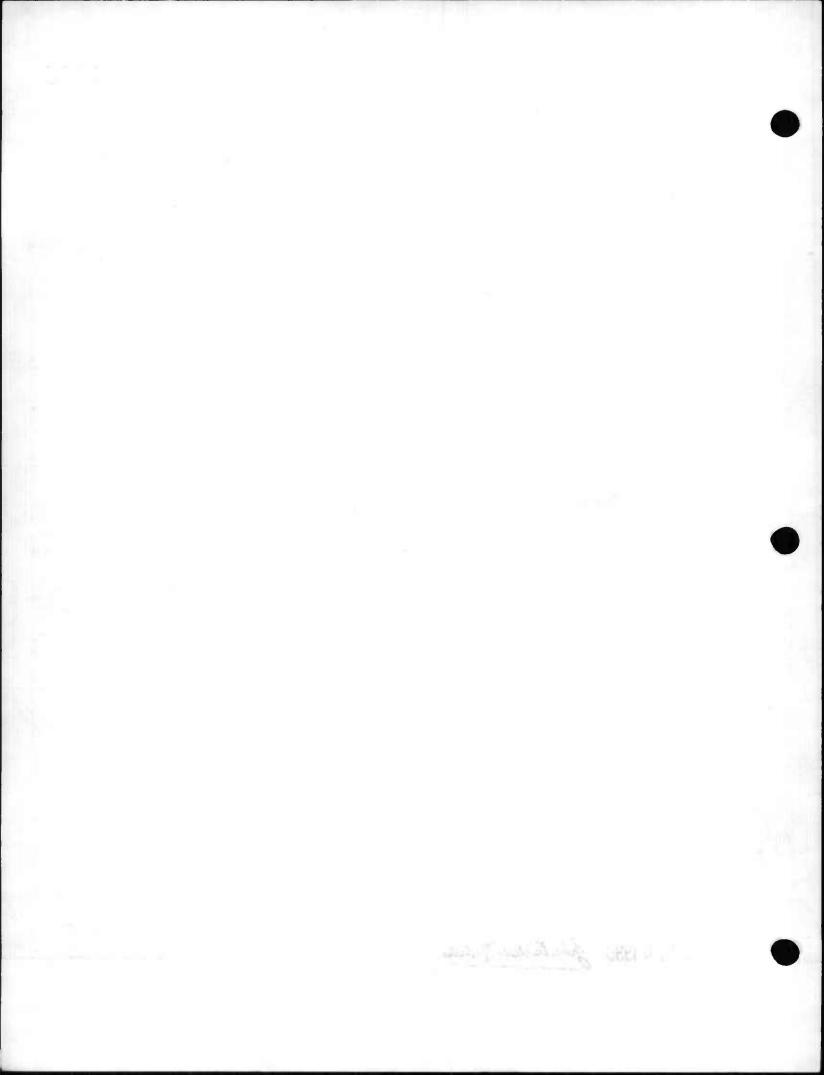
ending physician. as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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O. BOX	mental Darych Charles from requires that the death certificate he execut
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THE STATE OF PHYSICIAN: The law requires that the death certificate be executed within Announs after death. Page 6 may be retained by the hospital or atte	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	- seath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND / DI CER	EPARTMENT OF H		MENTAL HYGIEN REG. NO.	E J	3 31323
}	1. DECEDENT'S NAME (First, Middle, Lest) John W. Frazior			2. DATE OF DEATH MONTH DA	" 9c	AR 19 49 M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \times 4. AGE (in yrs. last bit 2 \times 6 9	YRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
OR	90. FACILITY NAME (If not institution, give street and number) University HOSP, tal	Balto	R LOCATION OF DE	HTA	9c. COUNTY	OF DEATH
DIRECTOR		Baltu	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL C	100. STREET AND NUMBER W. H3rd Street		212 11		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	D 13. WAS DEC	city Cuben, Mexica	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	(Specify only highest grade completed) (Give	DENT'S USUAL OCCUPATIO kind of work done during mo	DN st of working	Genera		Practores
BE COM	17. FAMER'S NAME (First, Middle Lost) Roman Frazier		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
TO B	190. INFORMANT'S NAME (Type/Pilos) Tane E, Frazier (AAILING ADDRESS (Street a	nd Number or Rural I	Street	n, State, Zio Coo	to red 21211
	1) Buriel 2 Cremetion 3 Removal from State other place, 4 Donation 5 Other (Specify)	DISPOSITION (Name of earl	netery, cremetory or	of Vet OL	CATION - City	Mills Hd
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3. Capl	Man Man	CA F	H. West 4300 ce	abas	h Ave
	23. PART L'Enter the diseases, or complications that caused the desti shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	h. Do not anter the mo	de of dying, suc	h as cardiac or reap	ratory arrest.	Approximate interval Between Onset and Death
Z	Time to (or as a consequi	WI D	ration	1 Pre	1023	9
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Wola	stati	201 3	18	
CERTIF	that initiated events resulting in death) LAST	enot or j.				
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not res	ulting in the underlying	g cause given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input on 2 ER/Outpettent 3 Input on 2 Input on 2 Input on 2 Input on 3 Input on 2 Input on 3 Inpu	26. PI	ACE OF DEATH (Ch	eck only one)		
PHYS	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ		6 Other (Specify) 28d. DEŞCRIBE HOW	NJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined Certain determined 28e. PLACE OF INJURY — At home building, etc. (Specify)			28f. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 SEDICAL EXAMINET: On the best of my knowledge, death one) 2 SEDICAL EXAMINET: On the best of examination and/or inv					auso(e) and menner as stated.
BE	296. SIGNATUME AND THE DE GENTERE		29c. LICENSE MUI	MBER PVF	29d. DATE \$	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM :	27) (Type, Print)	1,0-3,10			WOLTO
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE NOV 1 6 1990		· - · <u>- · -</u> · · ·			



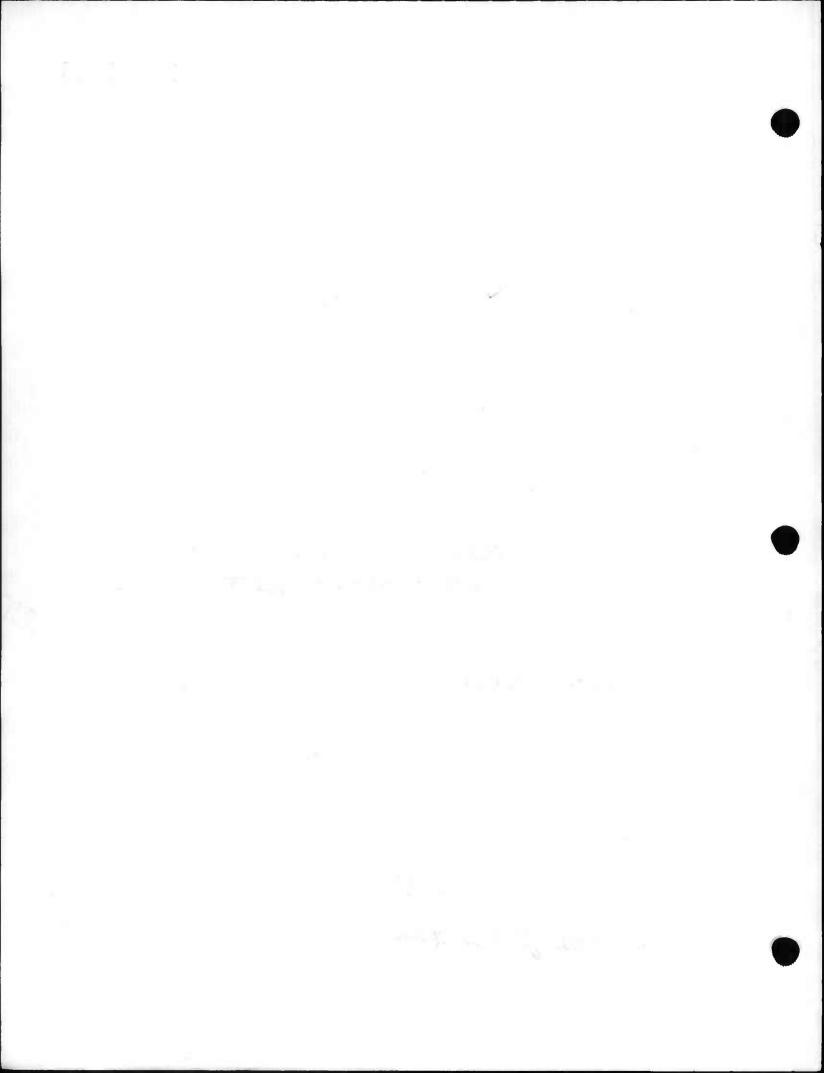
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2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOA 13140	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a
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L	SPITAL

31. DATE FILE NOV DE

		FOR STATE REGISTRAR	STATE OF F	MARYLAND /		TMENT OF			MENTAL	HYGIENI REG. NO.	E		1320
		DECEDENT'S NAME (First, Middle, Last) M.A.	RY HELI	EN LILI	Y-F	LAHER'	ΓY		2. DATE OF MONTH NOV	DEATH DAY		YEAR	7:00 P. M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. inc		IF UNDER 1 YE		F UNDER 24 HRS.	7. DATE OF	BIRTH Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign
욕		217-12-9356	1 🗆 M 2 🔀 F	66	YR\$.					12,1	_		MARYLAND
3 should	œ	9a. FACILITY NAME (If not institution, give s		D *** * * * * * * * * * * * * * * * * *				LOCATION OF DE			9c. COUN	ITY OF DEAT	1
1, 2,	CTOR	116 WEST UNIVE	ERSITY	PKWI		BAL	T. T IM	ORE CI	TY				
Pages	DIREC	MD 106. COUNTY	,		10c. CIT	Y, TOWN OR LE		ORE CI	TY				1. INSIDE CITY LIMITS? X YES 2 \(\sum \) NO
physician. burial-transit permit,	FUNERAL	100. STREET AND NUMBER 116 WEST UNIVERSITY PKWY					101. ZIF	P CODE 212	210		10g. CITI	U.S.	
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES?	T EVER IN U.S. AF YES 2 WAR OR DATES	NO TT	if yes	OECENO , sp cif	OENT OF HISPAN y Cuban, Mexican NO Specify	n, Puerto Ric	(Specify Yea can, atc.)	or No—	Black, W	American Indien, hita, atc. WHITE
al or attending for use as the	ETED	15. DECEDENT'S EDU (Specify only highest grade Elemantery/Secondary (0-12)	completed)	16a. Di	CEDENT'S	USUAL OCCUI work done durin se retired.)	PATION g most of	of working	18b. P	(IND OF BUS	INESS/IND	USTRY	
ospital	COMPLE	12	College (1-4 or 5	+)	N	URSE				NURS	ING		
retained by the hospital 5 should be detached for notified at once.	- 1	17. FATHER'S NAME (First, Middle, Last) EDWARD JENKINS	T.TT.T.V					STELLA				SAMPS	ON
5 should b	BE	19a, INFORMANT'S NAME (Type/Print)	, DIDDI	19	b. MAILING	ADDRESS (St		Number or Rural R					21210
e 5 sl	2	GEORGE C. LILI	ΣY		116	WEST	UNI	VERSIT	Y PK	WY.	BALI	TIMOR	E,MD.
e 6 may be ector, page must be		20s. METHOD OF DISPOSITION 10 Burlel 2 Cremetion 3 Removat from State 4 Donation 5 Other (Specify) ST. JOHNS CH.CEM. 20c. LOCATION — City or Town, State HYDES, MD.								State			
after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE ▶ R. H. Rutt				22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS AND SONS 21212 4905 YORK ROAD. BALTIMORE, MD.							
d in d		23. PART I. Enter the diseasee, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel				_							Approximata Interval Between Onset and Death
rted within 24 ms completely filled rial, cremation, or c event, the m		disease or condition a. What State Lung Cauces (6 Men									6 mon,		
be exect cian and or to bur	RTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	O (OR AS A CONSE				ROD	as		ai	Cor	_104B.
death certificate attending physicental Hyglene pri	CERT	reaulting in deeth) LAST	d				_						
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the deal TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atta be filed within 72 hours after death with the State Dept, of Health and Menta IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury,	MEDICAL	PART II. Other eignificent condition Dialette		deeth but not		In the under	riying c	euee given in		24a. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
The la ite has ste Dei	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLAC	E OF DEATH (Ch	eck only one)			
CIAN: ertifica the Sta	YSI	1 TYES 2 NO	1 - inpatient 2	☐ ER/Outpatient	_	4 - Nursing		5 Residence			al al topos	OUDE 0	
VG PHYSI ter this co ath with I	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident trivestigation	100	Day, Year)		JURY M 1		S 2 NO		CRIBE HOW I			
ATTENDII ECTOR: AI s after de		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h i, etc. (Specify)	ome, farm,	street, factory,	office			TION (Street a r Town, State)		or Rural Rout	n Number,
SPITAL DR NERAL DIRI Inin 72 houn NT: If Item	COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of										nd menner as stated.
TO THE HC TO THE FU be filed wit	BE .	296. SIGNATURE AND THE OF CERTIFIE	ya(8ad	es	t	2	D-15					oreth, Day, Year) 5 , 1990
	2	30. NAME AND AGORESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH IN	FM 27) /7vn	e Print)							

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH () EM 27) (Type, Print)

CHARLES A. PADGETT 5601 LOCH RAVEN BLVD. BALTIMORE, MD.

22 harring and 12 to 10


TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

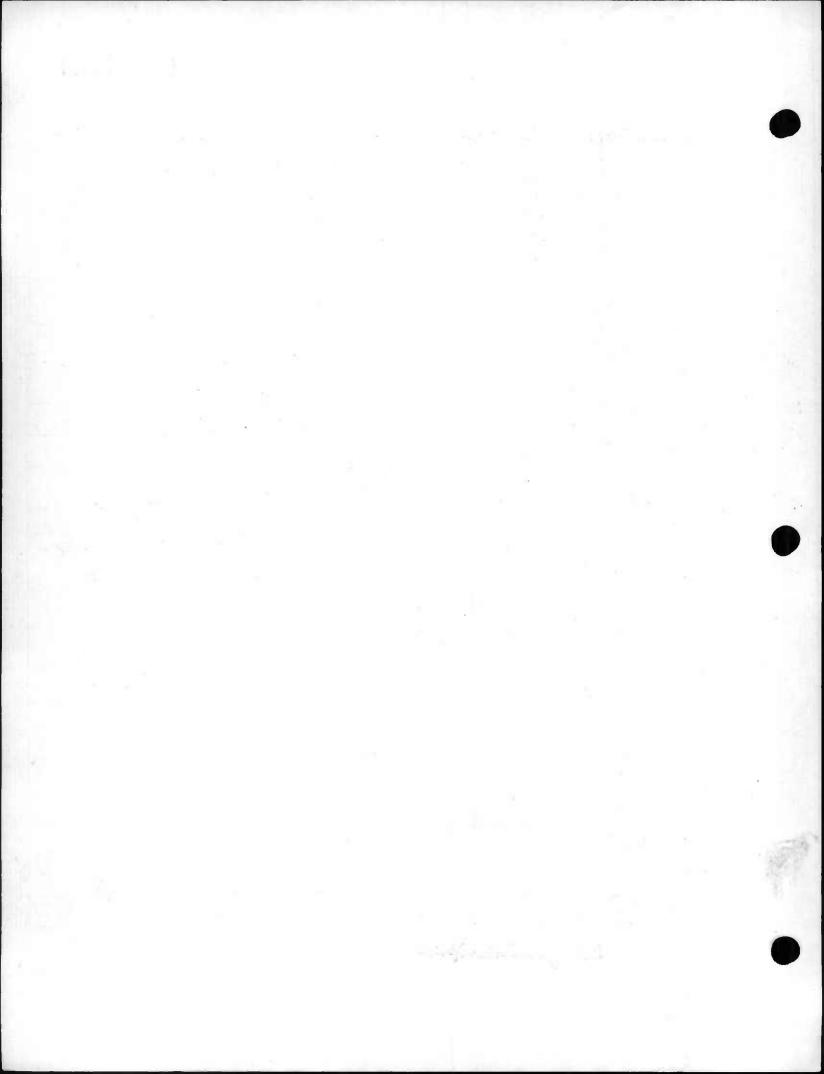
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR		OT-1 OF 11					90	31521
1 - STATE REGISTRAR		STATE OF MARYLA	CERTIF	ICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIE REG. N		
1. DECEDENT'S NAME	ON	EdWAL	1 FR	T	7_		DAY S	SEAR 1135/A M
4. SOCIAL SECURITY 215-09-6	472	5. SEX 1 [X] M 2 [F] 6. AGE (III	yrs. lest birthday) YRS.	MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 17	1901	Balto County
90. FACILITY NAME (NO. FOREST Ha	ven Nurs				Altimore	DEATH		y of DEATH imore
Forest Ha RESIDENCE OF 100. STATE Md	10b. COUNT	altimore		.,	or Location Lmore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1207 Mai 1. MARITAL STATUS		ce Lane			101. ZIP CODE 21229			N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 3 Wildowed 4	4.5	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 1 NO	13.	WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YES 2 1 NO Specify	can, Puerto Rican, etc.)	fee or No.— 14	BRACE — American Indian, Black, White, etc. Specify: White
Elementary/Second 11th Gra	DECEDENT'S EDU ify only highest gradienty (0-12) de	Cottege (1-4 or 5+)		work done se retired.)	CCUPATION during most of working Electrician		Mfgr.	
m LUITITh	Conrad	Fritz				tte Cather		
Charlott		ltz			s (Street end Number or Rure len Choice L			
20a. METHOD OF DISF 1 [XBurlel 2] Cre 4] Donation 6]	metion 3 🗆 Ren	noval from State	other place)		lame of cemetery, crematory or			ty or Town, State
21. SIGNATURE OF FU		CENSEE	oodlawn	22 H1	NAME AND ACCRESS OF C Ibbard Funer	al Home In		
shock, IMMEDIATE CAUSI disease or conditie	or heert failure. E (Final on	complications that caused List only one cause on es		not ente	r the mode of dying, et	ch as cardiac or res	piretory arres	
Sequentially list or if any, leading to it cause. Enter UNDI CAUSE (Olsesse o that initiated event resulting in death)	onditions, mmediate ERLYING r Injury	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A) d.	CONSEQUENCE	uls	nonary	Imbali		12h
PART II. Other sign	nificant condition	na contributing to death bu	ontributing to death but not reaulting in the underlying cause given in i				Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2MQ	
25. WAS CASE REFERI EXAMINER? 1 UPS 2 UP 27. MANNER OF DEAT	RED TO MEDICAL				26. PLACE OF DEATH (Check only one)		
1 YES 2 N		HOSPITAL: 1 Inputent 2 ER/Output 26e. DATE OF INJURY			raing Home 5 - Realdenc			
1 Accident	5 Pending investigation	(Month, Day, Year)		JURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HON	W INJUNY OCCU	HED
N 2 Quioldo	6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	atreet, fa	ctory, office	261. LOCATION (Stree City or Town, Sta		Rural Route Number,
The same of the sa		SICIAN: To the best of my knowledge. ER: On the basis of explanation						l, cause(e) end manner ee stated.
29b. SIGNATURE AND	MU	mical	M		29c. LICENSE N	UMBER , 294	29d. DATE	81/13/90 (All 1976)

CAUSE OF DEATH (ITEM 27) (Type, Profit

31. DATE FILED (Month, Day, NOV

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BALTIMORE, MARYLAND 21203-3146

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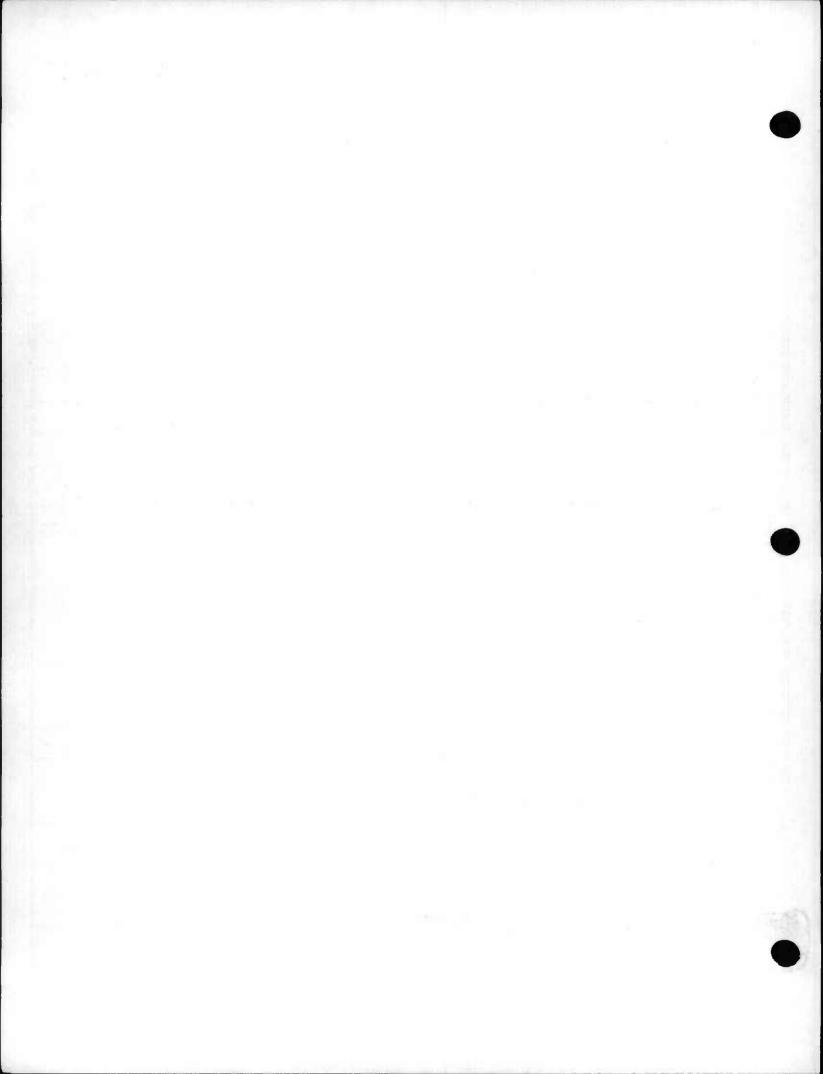
law requires that the death certificate be executed within BOX 13146, attending physician and RECORDS, P.O. signed by the a Health and Men peed DIVISION OF VITAL certificate has The HOSPITAL OR ATTENDING PHYSICIAN: this DIRECTOR: After the hours after death tem 28 is mar G-669 11/30/90 cm

.32 REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10 LI 90 10:25 P M Giles Dwayne (Duwayne Giles) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 9-28-60 MONTHS DAYS HOURS MIN. 1 M 2 F 30 VRS MD N/A 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 612 Cooks Lane Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE CITY VES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1424 Linwood Avenue 21213 USA 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pr 1 YES 25 NO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced Black 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade Jiffy Lube 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Giles John R. Margaret L. Thompson 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Freedway West/Baltimore, Md. 21213 Giles 4661 20a METHOD OF DISPOSITION

+ Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State 4 Donation 6 Other (Specify) Zion Lansdowne, Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gladino WM.C. MARCH F.H. 1101 E. NORTH Warren AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. **Approximata** Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) . ACUTE NARCOTIC INTOXICATION DUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO 1 ₩ YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | EP/Outpatient 3 | DOA | 4 | Nursin 1 X YES 2 NO ng Home 5 🖂Residence 6 🗆 Other (Specify) 26a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY 6:00pm 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pendin SUBJECT USED NARCOTIC 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 6 X Could not be CITY, MARYLANE 4 Homicide BALTIMORE 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basin of ax minetion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b, SANSATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER OCME 11/11/90 BS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Margarita A. Korell, M.D. 111 Penn St. Baltimore, Md. 21201





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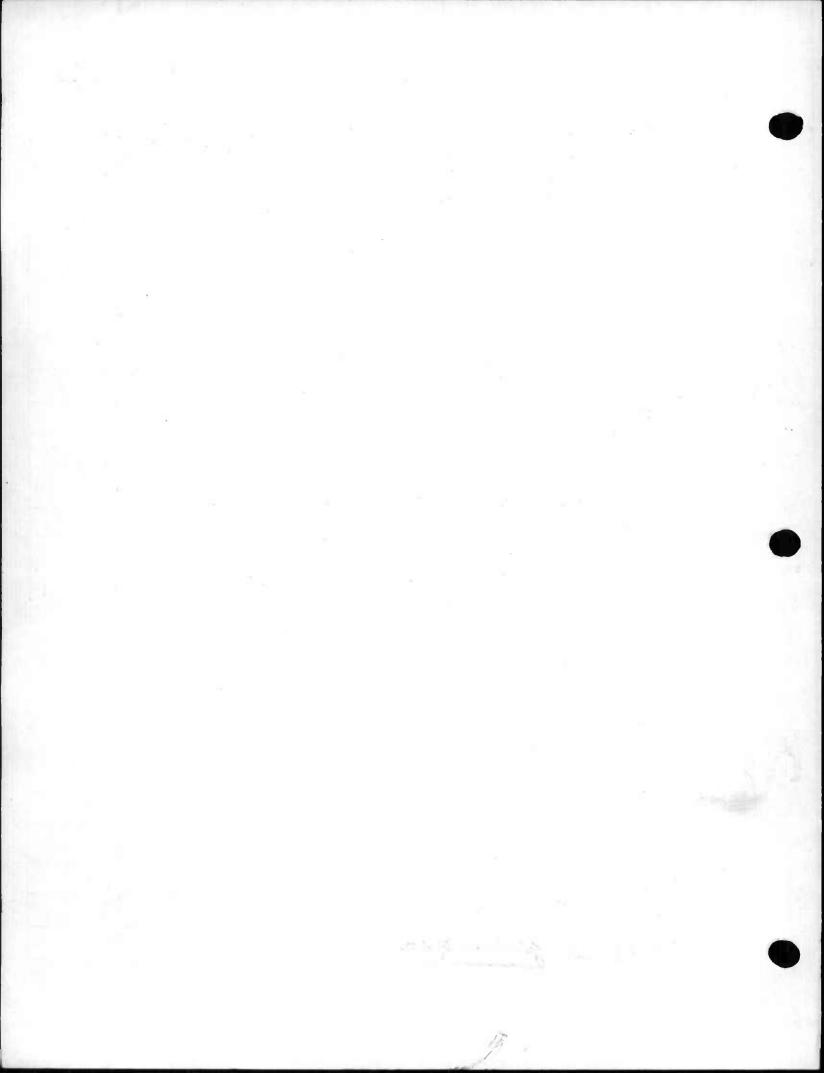
BALTIMORE, MARYLAND 21203-3146

, P.O. BOX 13146,

FATTAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	The requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	They con Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L RECORDS,	aw requires that the de	s been signed by the a	Dept. of Health and Men	23 shows any injury
DIVISION OF WITH	TO THE HOSPITAL OR ATTENDING FOR THE	TO THE FUNERAL DIRECTOR: Aft was a second	be filed within 72 hours after deal within 72 hours after deal	IMPORTANT: If item 28 is marked, or item

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT O		TAL HYGIENE REG. NO.	01023
	1. DECEDENT'S NAME (First, Micidle, Last) ANTHO	VV	GOLDEN		TE OF DEATH DAY	YEAR 9 50 A M
	4. SOCIAL SECURITY NUMBER 2 5- 60-5146	1 M 2 D F 35	yrs. last birthday) F UNDER 1 YE YRS. MONTHS DA	YS HOURS MIN.	TE OF BIRTH potth; Day, Year)	BIRTHPLACE (State or Foreign Country) Md.
TOR	9a. FACILITY NAME (If not institution, give s SINAL HOSP, RESIDENCE OF DECEDENT	SF BALTIMO		TIMORE	9c. COUN	TY OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR L	TIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\) NO
FUNERAL	3524 VIRUIA	LIA AVE.		21215		EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO If ye	DECENDENT OF HISPANIC OR s, specify Cuben, Maxican, Pue- YES 2 XNO Specify:	GIN? (Specify Yes or No— to Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) Cotlege (1-4 or 5+)	18e. DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.)	g most of working	16b. KIND OF BUSINESS/INDU	
COMPL	12th 17. FATHER'S NAME (First, Middle, Leet)		Maintenanc		Car Deale	rship
BEC	Edgar Golden			Viola C		
0	19a. INFORMANT'S NAME (Type/Print)		3118 Virg	eet and Number or Rural Route N inia Ave. B	alto. MD.	Code) 2 1 2 1 5
	Vallinda Crowne 200. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITION (Name of		20c. LOCATION — C	
	1 [XBuriel 2 Cremation 3 Rerr 4 Donation 5 Other (Specify)	11770-1270-1270-	other place) estern Star	Cemetary	Catonsv	ille, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI		22. NAR	E AND ADDRESS OF FACILITY		11 Park Heigt
	Donnel	C. Dane		. Baltimore		
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. LIVER	the death. Do not enter the chiline.		ardiac or reapiretory arre	Approximata Interval Between Onset and Death
z		END		R DISEAS	E	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):			
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):			
E	resulting in death) LAST	d				
MEDICAL CE	PART II. Other algorificant condition	na contributing to death bu	t not reaulting in the under	fying ceuse given in Part i	. 24a, WAS AN AUTOPSY PERFORMED?	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M	-					1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			6. PLACE OF DEATH (Check on	y one)	
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpe	tient 3 DOA OTHER:	Home 5 Residence 8 0	Other (Specify)	
	27. MANNER OF DEATH 1 V Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?	DESCRIBE HOW INJURY OCC	URED
ВУ	2 Accident Investigation	28s. PLACE OF INJURY	- At home, farm, streat, fectory,	YES 2 NO	LOCATION (Street and Number	or Rural Route Number,
TED	4 Homicide determined	building, atc. (Specif	y)		City or Town, Stata)	
COMPLETED	Anni	BICIAN: To the best of my knowle ER: On the besia of exemination				ed. e cause(s) and manner as stated.
ш	296, SIGNATURE AND TITLE OF CERTIFIE	iR O	MATTERNI	29c. LICENSE NUMBER	29d, DATE	SIGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WITH	in h.	1 NIGKIN		> 1	11 14 198
	BENJAMIN	P. FELIF	E JR.	SINAL HOS	P. OF BA	LTIMORE
1.11	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE			



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in this certificate has but oth with the State Deer	andred or Ham 22 a
c After this certificate has be a death with the State Dect.	in marked or liam 23 a
CTDR. After this certificate has be after death with the State Dest.	50 to marked at Ham 93 a
DIRECTOR: After this certificate has be	and in the medical examples and the medical examples and the medical examples
	An DIRECTOR After the certificate has been signed by the attending physician and completely filled in by the fun-

	FOR STATE REGISTRAR	STATE OF N	IARYLAND / DEPA CERTII	RTMENT OF H	EALTH AND I	MENTAL HYGIE REG. N		0 31330
	1. DECEDENT'S NAME (First, Middle, Last)	/ Ste	lla T. Gr	1	5 E 4 A	2. DATE OF DEATH	978 Y	EAR 2) 15 M
	4. SOCIAL SECURITY NUMBER 2.03-05-0484	5. SEX 1 M 2 X F	8. AGE (in yrs. lest birthdey 76 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	14	BIRTHPLACE (State or Foreign Country) Pennsylvania
	9a. FACILITY NAME (If not institution, give a				OR LOCATION OF DI		9c. COUNTY	OF DEATN
DIRECTOR	Good Samarita	n Hospi	tal	Ba.	ltimore			
l ec	10a. STATE 10b. COUNT	Υ	10c. C	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Md.			Baltimo:	CE		10a CITIZEN	YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	21224		U .	
NS I	118 N. Beln	12. WAS DECEDEN	T EVER IN U.S. ARMED		ENDENT OF HISPA	NIC ORIGIN? (Specify		. RACE — American Indian, Black, White, etc.
BY FI	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1	YES 2 NO		3 2 NO Specific	an, Puerto Rican, atc.) ly:		Specify: White
	15. DECEDENT'S ED. (Specify only highest grade		18a. DECEDENT	"S USUAL OCCUPATION work done during mo	ON ost of working	16b. KIND OF E	JUSINESS/INDUS	TRY
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5	Ille. Do NOT	emaker		Home	9	
	17. FATHER'S NAME (First, Middle, Last) Andrew Zolna					AME (First, Middle, Meld La Panel		
TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1		
	Mr. Bernard F	. Greve				Balto.		
	28e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata		edeemer		ry 20c.	LOCATION — CH Balto.	
	21. SIGNATURE OF PUNERAL SERVICE L	ICENSEE				Trer Fu		
	1 strate	talle.						, Md. 21234
It, the medical	23. PART I. Enter the disaeses, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	. List only one cs	use on each line.					intarval Between
NO NO	Sequentially liet conditions,	DUE TO	HADIA AS O COR AS A CONSEQUENCE EMOCARCO	(MOMA	OF.	LUNG		TRS.
CERTIFICATION	If any, laeding to immediata cause. Enter UNDERLYING	DOE TO	(OR AS A CONSEQUENCE	: OF);				
IFIC	CAUSE (Diseese or Injury that initiated evants	c. OUE TO	OR AS A CONSEQUENCE	OF):	,			
ERT	resulting in deeth) LAST	d						
AL C	PART II. Other significant condition	ons contributing to	death but not resulting	ng in the undarlyli	ng cause given is		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
							2 📜 NO	COMPLETION OF CAUSE OF DEATH?
MEDIC								1 TYES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL	1		20.1	PLACE OF DEATH (C	Sheck only one)		
SICI/	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO	OTHER:		8 Other (Specify)		
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 M Natural 5 Pending	28a. DATE O (Month,		TIME OF 28c, IN	IJURY AT /ORK?	28d. DESCRIBE HO	W INJURY OCCU	PRED
								r Rural Route Number,
Suicide Suicide City or Town, State								
H N	29h. SIGNATURE AND THE OF CERTIFIC	10.	M.D.		29c. LICENSE N	SH-	29d. DATE	SIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	VNO COMPLETED CA	GOOD S	Type, Print) Am. Hosi	560	(Loct	RAVEN	BEND MD21239
E .	31. DATE FILED (Month, Day, Year)	32. REGISTS	AAR'S SIGNATURE					
	NOV 16799	I Julia de	widow-Acade	<u>.</u>				OHMH-18 Rev 1/80

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	1 - STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	, 5 5 1		
		IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7 DATE OF BISTIN	3. TIME OF DEATH 7/5 M BIRTINPLACE (State or Foreign		
TOR		Bb. CITY, TOWN OR LOCATION OF DI	ATH 9c. COUNT	RROLL RROLL		
L DIRECTOR	Md CARROll 1	MANCheste	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?			
FUNERAL	3332 MAIN ST.	10f. ZIP CODE	IS A			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPAI If yes, specify Cuben, Mexica 1 YES 2 NNO Specifi		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	(Specify only highest grade completed) (Give kind of wo	s usual occupation work done during most of working less priced.) Reg. Nurse Hospital				
BE CO	17. FATHER'S NAME (First, Middle, Last) Hgire		ME (First, Middle, Malden Sugrame) Helen L. New	mAN.		
TO E	Mr. James E. Hall 4327 M	illers Station	Road Millers, I	4D 21107		
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Baltimor	e National Cem.		nore, Md.		
	29. SIGNATURE A HIHERAL SERVICE LICENS	22. MIICHELL-WI 6500 York R	EDEFELD HOME, II oad Baltimore,	NC. , Md. 21212		
CATION	23. PART I. Enter the disease, or complications that coased the deeth. Do no shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		h as cardiac or respiratory arres	Approximate interval Between Onset and Death Contline Sycan		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST					
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (C)	eck only one)			
PHYSICIAN:		Nursing Home 6 Realdence OF 28c, INJURY AT	6 Other (Specify) 28d. DESCRIBE NOW INJURY OCCU	RED		
a 2 Accident Investigation 28 PLACE DE IN HIBY At home form street factory office 284 I OCATION (Street and Number or Russ) Roses Mumber						
COMPLETED	29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation					
BE	29b. SIGNATURE OF CERTIFIER	D331		BIGNED (Month, Day, Year)		
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, ITEM 27) (Typs, I	print)	fetial und ?	107		
	31. DATE FILED (Month, Day, Year) NOV 1 6 1990 Sulia Deviden Andree		V	DHMH-18 Rev 1/8		

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TO THE HOSPITAL OR TO THE FUNERAL DIRECTED be filed within 72 IMPORTANT: If Item 28 Is m

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI	NT OF HE	ALTH AND I	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last	miller	knukl		2. DATE OF DEATH DAY YEAR YEAR YEAR						
	4. SOCIAL SECURITY NUMBER 1 187-05-1086	2 1 D M 2 10 F	7 YRS. MONT	THE DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	-19	BIRTHPLACE (State or Foreign Country)			
OR	9a. FACILITY NAME (If not institution, give Stella Maris Ho	LOCATION OF DE	ATH	9e. COUNTY Bal	timore						
DIRECTOR	10a. STATE 10b. COUN							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10a. STREET AND NUMBER 11 Southwark Br:	2001	101. 2	1093		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 MO NO	13. WAS DECEI	DENT OF HISPAN	IIC ORIGIN? (Specify 'n, Puerto Ricen, etc.)	RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED B	15. DECEDENT'S EL (Specify only highest gran Elementary/Secondary (0-12)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	lone during most	of working		PUSINESS/INDUS	TRY				
	12 years 17. FATHER'S NAME (First, Middle, Lest) 0 scar: Perry M	Clerk			ME (First, Middle, Maid Morsching						
TO BE	190. INFORMANT'S NAME (Type/Print) Deborah Hunt Dev	27 Westi	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 27 Westminster Bridge Way, Lutherville, MD. 2								
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 X Removal from State 4 Donetton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or other place) Woodlawn Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY. Mitchell—Wiedefeld Home										
	▶ John G. Rei		Kery	6500	York Ro	ad, Balti	more, 1	Maryland21212			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart felture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED 1 YES 2 NO OF DEATH? 1 YES 2 NO										
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: TIONS OF THE STANDARD OF THE ST										
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c. INJU WOR	RY AT	28d, DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident 3 Suicide 6 Could not be datermined City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.										
TO BE	Chilas	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D 27087 29d. DATE SIGNED (Month, Day, Your) 11 - 12 - 90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Carla S. Alexar		Stella Mari	•	ice-Dul	aney Vall	ey Rd	Towson 21204			
	NOV 1 6 1990	Achia Savidson	Randest								

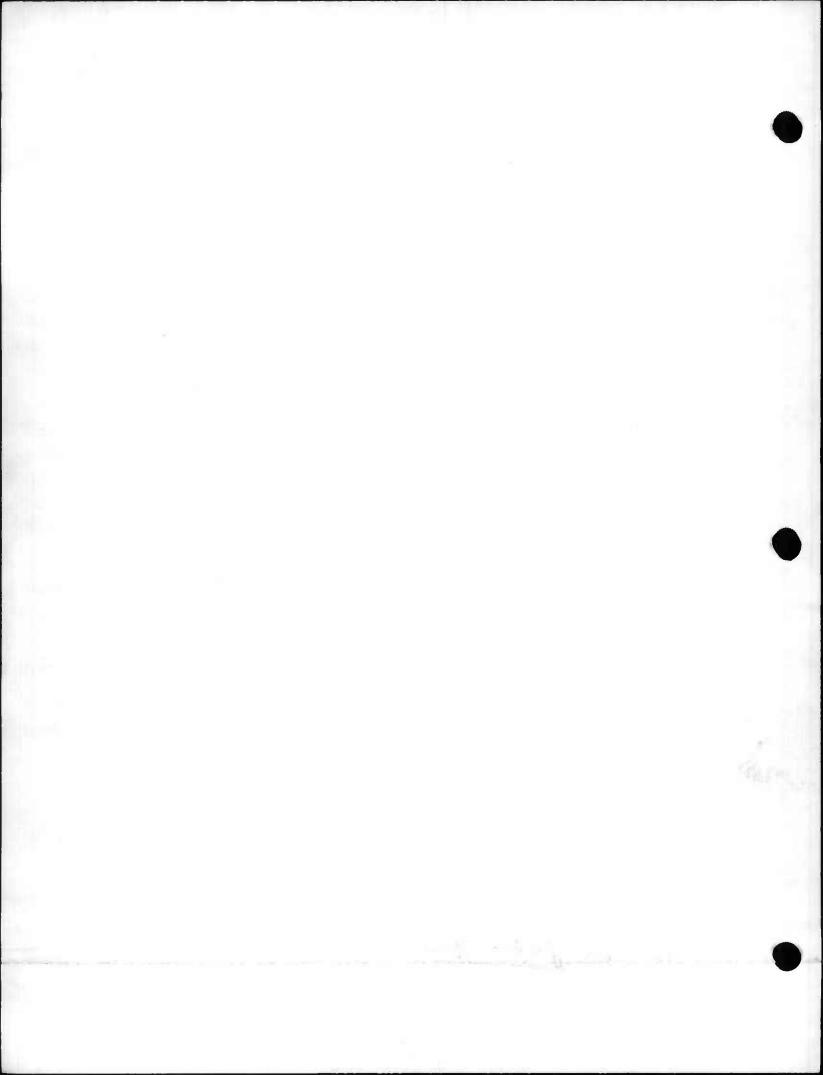
Carlo Maria

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL	HYGIEN REG. NO	_		
	1. OECEDENT'S NAME (First, Middle, Last)	ouma			IOAII	- 01	DEA		2. DATE OF MONTH	DEATH	WAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		EX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTN 8. B			PLACE (State or Foreign					
DIRECTOR	96. FACILITY NAME (If not Institution, give street and number) 96. COUNTY OF DEATH VNIVEW(ITY OF MANY WAND HOPETAL BALTO CITY RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE										10d. INSIDE CITY		
	100. STREET AND NUMBER 2310 RISSS AVR 21216								_	EN DF W	1 ☐ YES 2 ☐ NO HAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Prover Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 PM IF YES, GIVE WAR DR DATES					If yes, sp	ENDENT (OF HISPAN	NIC ORIGIN?			A. RACE	- American Indian, , White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) UNCEMPTOR												
BE	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MOTHER'S NAME (First, Middle, Meiden Surname) 34 / 6 M. BACOBS 190. INFORMANT'S NAME (Type/Print) 190. MARLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	MATHA JONES 206. METHOD OF DISPOSITION 206. METHOD OF DISPOSITION 1 18 Burlel 2 Crementon 3 Removal from State 4 Donation 5 Other (Specify) ACCEPTED STATE CENTER OF DISPOSITION (Name of commency or other place) ACCEPTED STATE CENTER OF DISPOSITION (Name of commency or other place)												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 12.D6 W. North AUC William C. Brown Community F. H.												
	23. PART I. Enter the diseases, or o shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on aach line								elretory arre	at,	Approximata Interval Between Onset and Deat
CERTIFICATION	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
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SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO												
B√	27. MANNER OF DEATH	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, Street) 28. LOCATION (Street								loute Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												e) end menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES CONTROL & BUSINESS OF PERSON WITH	7 m)			ent	-	29c. LIC	ENSE NU	MBER		29d. DATE	SIGNEO	(Month, Day, War)

31. DATE FILED (Month, Day, Year)

DNMN-16 Rev 1/89

Hosp itnz



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

The function of the this certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that have detail with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTINE If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27

TO DECEMPET BANKE (First, ALONG), SECURITY FORMERS S. SEX S. ASK (First and Annihol) S. ASK (Firs		FOR STATE REGISTRAR	STATE OF MARY			MENT OF H		MENTAL	HYGIENE REG. NO.			
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MT. & MTS. James E. Halbrook 73 Meriam Court Owings Mills, MD 21117 20a METHOD OF DISPOSITION The Court The	H		James Edward			DDD500 (2)						
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OCME 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANN M. DIXON, MD 111 Penn Street, Baltimore, MD 21201 31, DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE		296 SIGNATURE AND TITLE OF CERT	WEIER C				29c LICENSE NU	MBER		29d DATE	SIGNED (A	Acreth Day Warry
30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANN M. DIXON, MD 111 Penn Street, Baltimore, MD 21201 31, DATE FILED (Month, Day, Year) 132. REGISTRAR'S SIGNATURE			-Wt									
ANN M. DIXON, MD 111 Penn Street, Baltimore, MD 21201 T	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type,	Print)						-
31, DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE NUV 16 1990 Julia Savidson-Bandelle		ANN M. DIXON, MI)				treet,Ba	altim	ore,MI	2120	1	VC
		NUV 16 1990										

di _ na II il

YEAR

Maryland

90

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

3:05 PM

BESSIE C. HARDY

9s. FACILITY NAME (If not institution, give street and number)

5. SEX

1 M 2 A F

4. SOCIAL SECURITY NUMBER

214-14-5975

YRS.

IF UNDER 1 YEAR

6. AGE (In yrs. last birthday)

93

DAY

15

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

08 29 1897

11

IF UNDER 24 HRS.

HOURS

96. CITY, TOWN OR LOCATION OF DEATH

OR	Harby Hospital Center RESIDENCE OF DECEDENT			Balto, MD				Balto	
5	10a, STATE 10b, COUNTY			TV TOUGH OF 1 004	COM		l in	I. INSIDE CITY	
FUNERAL DIRECTOR		eto.		10c. CITY, TOWN OR LOCATION Baltinare					LIMITS?
7	10e. STREET AND NUMBER			100	. ZIP CODE		10g. CITIZI	EN OF WHAT	COUNTRY?
IER/	422 W. Greenwoo	d Road			21090		U	.S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced			2 XNO If yes, specify Cuban, Maxican, Puarto Rican, atc.)			Black, White, etc. Specify:		American Indian, hits, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		(Give kind o	(Give kind of work done during most of working life. Do NOT use retired.)			18b. KIND OF BUSINESS/INDUSTRY		
٥			Seamst	ress		Kramer	Compa	ny	
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden	Surname)		
BE C	Frank E. Heid				Josephin	ne C. San	ders		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a	and Number or Rural Rou	ite Number, City or Tow	n, State, Zip (Code)	
10	Lillian ALdridge			Greenwoo	d Road, L	inthicum,	Md.	21090	
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo	other place)	LACE OF DISPOSITION (Name of commetery, crometery or her places) 1.timore National Cemetery BAltimore					State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Shanno			nd ADDRESS OF FACIL rd Funera Wilkens A			re, M	d. 21229
	IMMEDIATE CALICE (Final	List only one cause on a	ach lina.			as cardiac or resp	iratory scre	est,	Approximate Interval Batween Onset and Deat
	disesse or condition resulting in desth)	. Massire y	nyocard	ial infar	ction				
	disease or condition resulting in desth) . Massive myocardial infarction Due to (or as a consequence of):								
NO	Sequentially list conditions, Tb. Ventricular arrhy thmia								-
ATI	if sny, leading to immediate cause. Enter UNDERLYING	002.10 (011.40)	CONGEGUENCE						į
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL CERTIFICATION	PERFORMED? 1 U YES 2 NO						CO OF	ERE AUTOPSY FINOINGS AILABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH (Check only one)								
S	1 TES 2 NO	1 tnpetlent 2 ER/Out	patient 3 🗆 DOA	OTHER: OA 4 Nursing Home 5 Residence 6 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1. Neturat 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		NJURY W					
ED B	3 Suicide 8 Could not be 4 Homicide determined	n, atreet, factory, offic	reet, factory, office 28!. LOCATION (Street and Number or Rural Route City or Town, State)				e Number,		

is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. inted, or Item 23 shows any injury, or other traumatic event, the medical examiner SICIAN: The law requires that the death certificate be executed within

TO THE HOSPITA TO THE FUNERA To filed within 7.

COMPLETED

BE

9

4 Homicide 29a, CERTIFIER

296. SUSHATURE AND TURES OF CONTIFIER

ROSSELLO M.D.

31. DATE FILED (Month, Day, Year) 15/90

HOUSE OFFICER

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OF VITAL RECORDS, P.O. BOX 13146,

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

notified at

2 must

> 1990 Julia Burdon Pondare Harbor Hos 32. REGISTRAR'S SIGNATURE NOV 16

29c. LICENSE NUMBER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

15/15/90

.

States - Assistant and a

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flowers after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

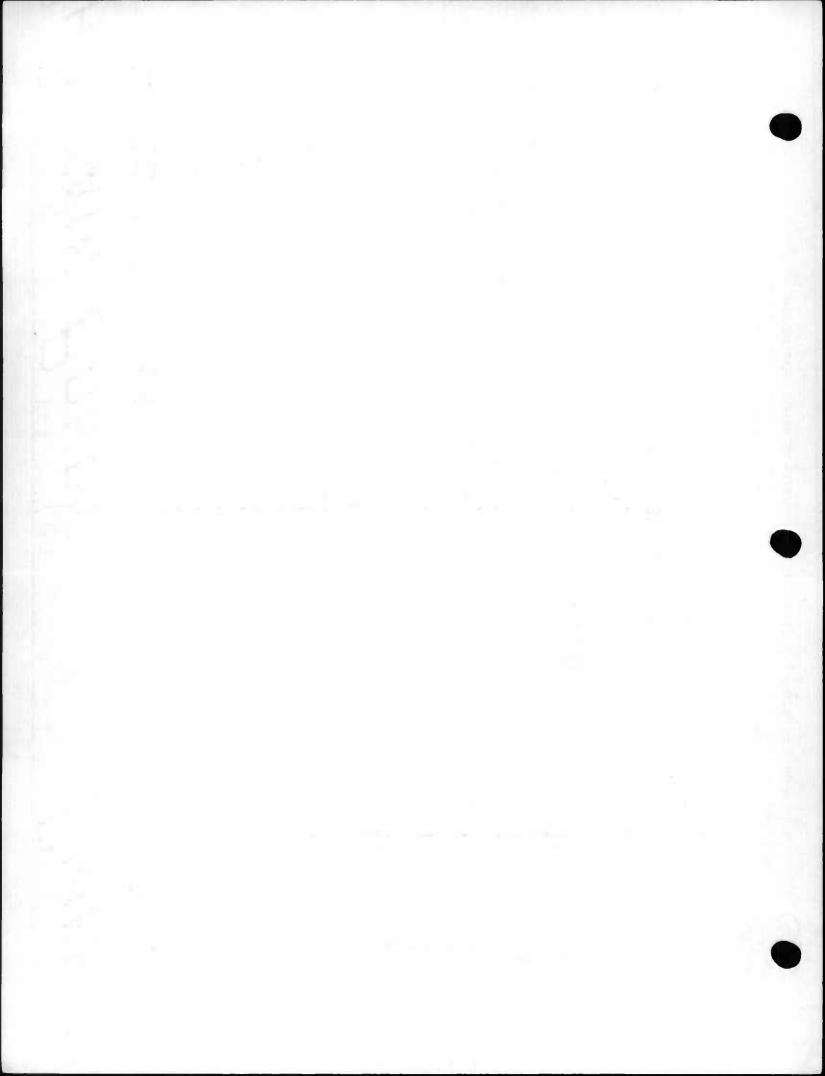
	per FH G-671 1/10/						00 31536			
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		E OF DEATH	MENTAL HYGIEN REG. NO	E				
	1. DECEDENT'S NAME (First, Middle, Last)	es /LOTTIE M			2. DATE OF DEATH	AY Y	3. TIME OF DEATH 0327 M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	9	BIRTHPLACE (State or Foreign Country) N. C.			
~	9a. FACILITY NAME (If not institution, give a	and the second		Y, TOWN OR LOCATION OF D		Inc. COUNTY	OF DEATH			
TO.	UNIVERSITY H	OSPITAL	ВА	LTIMORE CI	TY					
DIRECTOR	MD 106. COUNTY		10c. CITY, TOWN FORT	WASHINGT (N		10d. INSIDE CITY LIMITS? 1 YES % NO			
FUNERAL	100. STREET AND NUMBER 12021 LIVINGS	TON ROAD		101. ZIP CODE 20744		10g. CITIZEN	USA			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES & IF YES, GIVE WAR OR DATES	ARMED 13.	WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	s or No— 14	Black, White, etc. Specify: B AC			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	. DECEDENT'S USUAL ((Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUS	TRY			
OMP	11th Grade 17. FATHER'S NAME (First, Middle, Last)	I S	hirt Ins		AME (First Michilla Maidea	Sumama				
BE CO	17. FATHER'S NAME (First, Middle, Melden Sumame) SAMUEL GRAHAM ANNE GRAHAM									
TO B	10s INFORMANT'S NAME (Total/Print) 10s MAII IN									
	20a. METHOD OF DISPOSITION	oval from State 20b. PL	er piace)	lame of cemetery, cremetory or			y or Town, State			
	4 Donation 5 Other (Specify)			ILY CEMETI		ASH C	O., N.C.			
	> alinat	Williams		Committee of the committee of	1	101 E	. NORTH AVE.			
	23. PART LEnter the diseases, or o						t, Approximate			
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each SEPSIS	line.				Interval Between Onset and Death			
	resulting in death)									
O	Sequentially list conditions, Due TO (OR AS A CONSEDUENCE OF):									
CATI	If any, leading to immediate cause, Enter UNDERLYING	e.								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):							
CER		d								
¥.	PART II. Other significant condition	s contributing to death but r	not resulting in the u	inderlying cause given in	Pert I. 24s. WAS AI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
MEDICA					1 [] YES	2 NO	OF DEATH?			
					-		1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		<u> </u>			
YSIC	1 TYES 2 NO	EXAMINER? 1 YES 2 NO								
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE DF INJURY (Morth, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	RED					
2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Flural Floute Number,			
ETEC	4 Homicide determined	City or Town, State)	1776						
OMPLE	and and	ICIAN: To the best of my knowledg								
	200 SIGNATURE AND TITLE OF CERTIFIED									
ECC	296. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NO	JMBER	29d. DATE \$	SIGNED (Month, Day, Year)			

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle



31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89



REG. NO.

BALTIMORE, MARYLAND 21203-3146

ON OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH William Jackson Α. 11 1990 7. DATE OF BIRTH (Month, Day, Year) 6-9-1944 A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 1 M 2 | F Md 46 212-42-0910 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5023 Pimlico Road Baltimore 10c. CITY, TOWN DR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore Md 1 X YES 2 ND 10e. STREET AND NUMBER 10f, ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? USA 5023 Pimlico Road 21215 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 ☐ YES 2 🗒 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced **Black** ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest COMPLET College (1-4 or 8+) Elementary/Secondary (0-12) 12th Silver Star Manager 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Roberts Esther Nathaniel Jackson Jackson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8600 Church Lane Randallstown, Md 21133 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20s. METNDD OF DISPOSITION
1 Burial 2 \(\text{Disposition} \) Cremation 3 \(\text{Removal from State} \)
4 \(\text{Donation} \) 5 \(\text{Other (Specify)} \) 20c. LOCATION -- City or Town, State Catonsville, Md Metro Crematory 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West Jula . 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between **Onset end Death IMMEDIATE CAUSE (Finel** RESPIRATORY FAILURE disease or condition resulting in death) LUNG CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO PHYSICIAN: MEDICAL COMPLETION OF CAUSE 1 YES 2 ND OF DEATHS 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 ND 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 6 🗆 Residence 6 🗆 Other (Specify) 27. MANNER DE DEATN 28e, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated. 2 MEDICAL SXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) BQ22606/0 2 30. NAME AND ADDRESS OF PERSON WAQ-COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31, DATE FILED (Month, Day Year) 6 1990 NOV

RESPIRATORY FAILURF LUNG CANCER

detached for use as the burlal-transit permit. Pages 1, 2, 3 should	once.
ely filled in by the funeral director, page 5 should be nation, or removal.	, the medical examiner must be notified at
E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DECEDENT 3 NAME (F/R	st, Middle, Last)	2							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	War		J.			nes				<u>-13-90</u>)		3:10PM
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. II	si birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS	R 24 HRS. MIN.	(Mont	OF BIRTH		Coun	
217 68 38 9s. FACILITY NAME (# not			7,1	ins.	an orry	TOWN C		1011 05 05		-22-19	_		shington,
								e Ci				NTY OF I	
University Hospital						art	THOL	e CI	Ly		_==	====	==
10e. STATE 10b. COUNTY					Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY
Maryland Baltimore County					Baltin	nore	5						1 TES 2 NO
10e. STREET AND NUMBER	R					101	ZIP COD	E			10g. CIT	IZEN OF	WNAT COUNTRY?
	ak_Grov	ve Drive		,				220				U.S	
11. MARITAL STATUS 1 Never Married 2 2	Married		YES 2		lf.	yes, sp	ecity Cub	sn, Mexica	in, Puerto	N? (Specify Yes Ricen, etc.)	or No-	Blac	E — American Indian, ck, White, etc.
3 Widowed 4 Div	rorced	IF YES, GIVE	MAR OR DATES		1	TYES	2 🔯 NO	Specify	y:			Spec	White
	CEDENT'S EDI		18a, C	ECEDENT'S	USUAL OC	CUPATIO	ON	lmon	161	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)		work done du se retired.)	uning mo	all of Work	my					
10th Grade				House	wife					Home N			
17. FATHER'S NAME (First,		one L. Er	Trino							Middle, Malden		111000	
19a. INFORMANT'S NAME		ARE II. EL		0b 1440 0	1000000	/D4				igina V			
William J										timore			and 21220
20s. METHOD OF DISPOSI					SITION (Nam	_				-		-	Town, State
1 [X Burial 2 Cremat 4 Donation 5 Other		noval from State	other	place)	. Ceme							-	Maryland
23. PART I. Enter the ahock, or	heart failure.	no) S	at caused the cuse on each ile	leath. Do	4	1001	l Rit	tchie	e Hwy		timor	e, i	Md. 21225 Approximata interval Betw
23. PART I. Enter the	disesses, or heart failure	complications the	at caused that cause on each lie head i	 njury	not enter t	1()()] the mo	Rit	tchie	h aa car	y. Bald	timor	e, i	Approximata interval Betwoonset and Do
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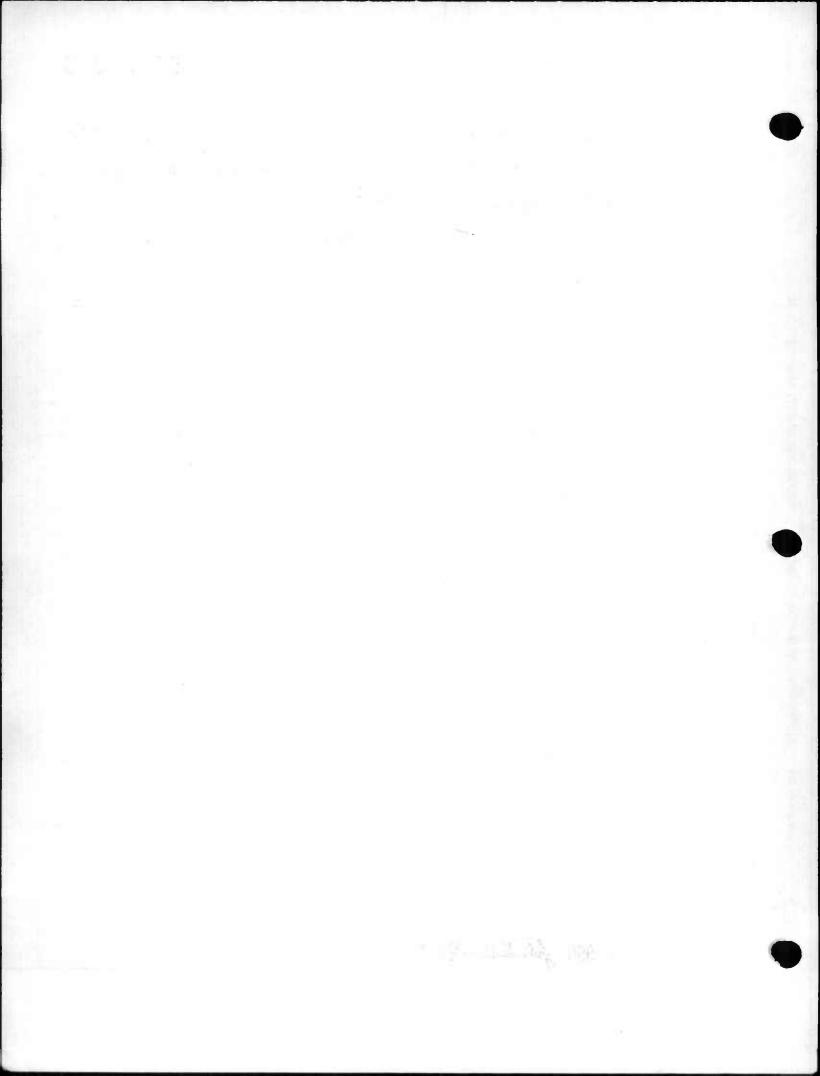


6,	within
13146	executed
K	9
, P.O. BOX	le law requires that the death certificate be executed within
7	death
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OF VITAL	OR ATTENDING PHYSICIAN: T
DIVISION	ATTENDING
5	OR
	PITAL

PHYSICIAN: The law requires that the death certificate be executed within.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ath certificate be exec	ttending physician and	tal Hygiene prior to bu	, or other traumati
law requires that the de	as been signed by the a	lept. of Health and Men	23 shows any Injury
ING PHYSICIAN: The	After this certificate h	feath with the State [marked, or item
ISPITAL OR ATTENC	NERAL DIRECTOR:	thin 72 hours after (NT: If Item 28 is
TO THE HO	MAN THE FU	re be filed with	IMPORTA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO	0.	
1. DECEDENT'S NAME (Fifst, Middle, Last HELEN G	. JENS	EN			2. DATE OF DEATH MONTH	The same of the sa	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/3-03-6730	1 - M 2 XF			UNDER 24 HRS, DURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-1905	BIRTHPLACE (State or Foreign Country) Baltimore
99. FACILITY NAME (II not Institution, give	Hal Center	So.	Baltim	Ore	TH	9c. COUNTY	Y OF DEATH
10e. STATE 10b. COUN	TY	10c. CITY,	BALLO	,			10d. INSIDE CITY LUMTS? 1 YES 2 NO
	n St.		212	4_4_4		U.	S . A .
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 MO	If yes, specif		C ORIGIN? (Specify Y Puerto Rican, etc.)	ee or No—	Black, White, etc., Specify:
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1. 2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	16s. DECEDENT'S US (Give kind of wor life. Do NOT use of Homema	k done during most o retired.)	f working	18b. KIND OF B	Home	TRY
17. FATHER'S NAME (First, Middle, Last)	1	nomema		MOTHED'S NAM	E (First, Middle, Maide		
Michael Gr	af			Eliza	beth Ro	ckensı	
James H. Jens	0.79				oute Number, City or To		
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re 4 Donetion 5 Dother (Specify)	moval from State	b. PLACE OF DISPOSIT other place) Redeemer	ION (Name of comets	ry, cremetory or		OCATION — CH	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	Kedeemer	22 NAME AND	DODESS OF EAC			nore City
Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant conditions of the condition	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	np infe	ction	,		7 days
PART II. Other significant condition	arthritis		the undarlying c	ause given in F	Part i. 24a. WAS A PERF	NN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
rhermatore sweet Pr	d vasculit	5					1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLAC	E OF DEATH (Chec	ck only one)		
	1) Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	OF 28c. INJURY WORK	AT .	Other (Specify) 28d. DESCRIBE HOW	V INJURY OCCU	RED
a David	28e. PLACE OF INJUR	IY — At home, term, str ecily)	eet, factory, office		281. LOCATION (Stree City or Town, Star		Rural Route Number,
e eeel	'SICIAN: To the best of my kno NER: On the basis of exeminati						cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	R. Rayent	aching		G. LICENSE NUM	BER	29d. DATE :	SIGNED (Month, Day, Year)
Meredith R.	Rancenback	MD HO	membed?	South H	osquital	Bal	hmore, Md
31. DATE FILED (Mgnth, Day, Year)	32. REGISTRAR'S SIG	- Andre					



THE HOSPITAL OR AT I...
"NERAL DIRECTOR: An...
"TO hours after death

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NDING PHYSICIAN: The law requires that the death certificate be executed within 2 Friours after death. Page 6 may be retained by the hospital or attending physician.	a. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burlal-transit permit. Pages 1	or death with the State Dept. of Health and Mental Hygiene prior to bunlal, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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90 31540 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 15 MONTH = 530 Pearl E. Kone A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morth, Day, Hear) 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yra. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 - M 2 -266-74-1783 Maryland Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c COUNTY OF DEATH DIRECTOR 3350 Strickland Street Baltimore City Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Baltimore 1 YES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP COOE 3350 Strickland Street 21229 USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pt 1 ☐ YES 2 🂢 NO Specify: 1 Never Married 2 Married specify: white BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) entary/Secondary (0-12) 12 self Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Sumeme) George M. Wearley Sarah Irvin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy Rickels 3350 Strickland St. Baltimore, Maryland 21229 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20s. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Ren

4 Donation 5 Other (Specify) Lorraine Park Cemetery Baltimore, Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. ough mere 1328 Sulphur Spring Road, Arbutus, Md. 21227 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between shock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final heart failure disease or condition resulting in death) congestive 1 mouth DUE TO OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL astuma 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 Residence 6 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

D28623

Marydell Rd. /Balt. MD 21229



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32. REGISTRAR'S PIGNATURE Pandale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BWeinreide

D. Weinreich MD

11/15/90

SCHOOL SERVICE

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	FOR STATE REGISTRAR	STATE OF MARYL		EPARTMENT RTIFICATI				YGIENE EG. NO.	0 01	1041
	1. DECEDENT'S NAME (First, Middle, Last)	_					2. DATE OF I	DAY	VEAR	IME OF DEATH
	LOUISE S. Kn						7. DATE OF E		70	E (State or Foreign
	2	□ M 2 💢 F 95	-	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	(Month, Da	/1895	Country)	vland
	Se. FACILITY NAME (If not institution, give street			9b. CIT	Y, TOWN OF	R LOCATION OF DE			INTY OF DEATH	
0 E	UNION MEMORIAL HO	SPITAL		вА	LTIMO	ORE CITY				
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1	10c. CITY, TOWN	OR LOCATIO	ON			10d.	INSIDE CITY
	Maryland			BALT		E CITY			1 🗓	YES 2 ND
BY FUNERAL DIRECTOR	3838 Roland Ave.				101.	21211		10g. CIT	U.S.A.	
SNE		2. WAS DECEDENT EVER IN	N U.S. ABME	ED 13.		NDENT OF HISPAN				mericen Indien, ite, etc.
ΥF	1 Never Merried 2 Married 3 Vidowed 4 Divorced	FDRCES? 1 YES	24-1NO			cify Cuban, Mexica 2XXND Specify		i, etc.)	Specify:	White
	15. DECEDENT'S EDUCAT		16a. DECES	DENT'S USUAL C	OCCUPATION	N	18b. KIN	D OF BUSINESS/IN	DUSTRY	
E		mpleted) College (1-4 or 5+)	(Give i	kind of work done o NOT use retired.)	during most	t of working	30.00			
MPI	8yrs.			Clerk				chschild	Kohn	
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Albert W. Knowles	Sr.					ME (First, Middle e Seve	e, Maiden Surname) TSON		
0	19a. INFORMANT'S NAME (Type/Print) Mary Clare Knowle	S						Why or Town, State, Z re, Md. 2		
	20a. METHOD OF DISPOSITION	200	PLACE OF	DISPOSITION (N	lame of came	etery cremetory or	ar brino	20c. LOCATION -		State
	1 K Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		Ba.	Itimore	Ceme	etery			ore,Md.	
	21. SIGNATURE OF FUNERAL SERVICE UCEN	Kratz	-	22.	NAME AND Mit	chell-W	cury ledefe	ld Home	Inc.	
	Crobert V	n. Tra	1		6500	York R	1. 212	12		
	00 04071 5.4 - 4 4 4 - 4 - 4 - 4								CAUCE I	A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition	nt only one cause on a	acil tirle.		r the mod	de of dying, suc	h as cardiac		rrest,	Approximata Interval Between Onset and Death
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32. REGISTRAR'S SIGNATURE
This Davidson—Randall

NOV 1 6 1990

DHMH-16 Rev 1/89

9c. COUNTY OF DEATH

USA.

20c. LOCATION -- City or Town, State

BALTO. MD.

16b. KIND OF BUSINESS/INDUSTRY

PACEY'S

LUSTICA

18. MOTHER'S NAME (First, Middle, Maiden Surname)

3. TIME OF DEATH

2:20 P

10d. INSIDE CITY

1 X YES 2 | NO

8. BIRTHPLACE (State or Foreign Country) MARYLAND

BALTIMORE CITY

14. RACE — American Indian, Black, White, etc.

10g. CITIZEN OF WHAT COUNTRY?

Specify: WHITE

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year) 4 - 24 - 38

NOVEMBER 11

4. SOCIAL SECURITY NUMBER

219-26-2194

RESIDENCE OF DECEDENT

1 Never Married 2 X Married

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

☐ Donation 5 ☐ Other (Specify)

JOSEPH KOWALCZYK

MRS. DORLA KOWALCZYNK

20s. METHOD OF DISPOSITION
1/\(\text{\text{\text{N}}}\) Burlel 2 \(\text{\tint{\text{\ti}\text{\texi{\text{\texitex{\text{\text{\text{\texi}\text{\text{\texi}\text{\texitit}\text{\texitite\tin}\text{\texititt{\text{\texi{\texit{\texi{\text{\texi{\texi{

3 Widowed 4 Divorced

MARYLAND

11. MARITAL STATUS

8 YEARS

10a. STREET AND NUMBER

NORMAN

THE JOHNS HOPKINS HOSPITAL

10b. COUNTY

15. DECEDENT'S EDUCATION (Specify only highest grade completed)

9a. FACILITY NAME (If not institution, give street and number)

21 N. MILTON AVENUE

5 SEY

1 🔀 M 2 🗌 F

MONTHS

10c. CITY, TOWN OR LOCATION

BALTIMORE

18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory or

DELIVERY

OAKLAWN CEMETERY

SAME

IF UNDER 1 YEAR IF UNDER 24 HRS.

BALTIMORE

HOURS

9b, CITY, TOWN OR LOCATION OF CEATH

101. ZIP CODE

21224

AGNES

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

MIN.

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify:

DAYS

KOWALCZYK

YRS.

6. AGE (In yrs. lest birthday)

52

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

BALTIM after death. Page by the funeral dir moval.		21. SINATURE OF FUNERAL SERVICE LIC	laconomilia	2525	FLEET S	FUNERAL STREET BA	LTO. MD	. 21224
filled in by bon, or remo		23. MART I. Enter the diseases, or ahock, or heart feliure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	List only one couse on each line Sepsis					Approximate interval Between Onset and Death
th certificate be executed ending physician and com	ERTIFICATION	Sequenticity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Perforated	Sigmoid DUENCE OFF: fasciti	Colon s l Wal	divert.	iculum	3 days
requires that the doesn signed by the of Health and Me	N: MEDICAL C	PART ii. Other algnificent conditions contributing to death but not reaulting in the underlying cause given in Part i. Nable to Mointoin blood pressure 1 yes 2 to NO 1 yes 2 to NO 1 1 1 1 1 1 1 1 1						
SICIAN: The law certificate has the State Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 A Inpatient 2 ER/Outpatient 3	OTHER:	LACE OF DEATH (Chec			
PHYSIC this cen	S ≥	27. MANNER OF DEATH 1 Natural 5 Pending 24 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.	JURY AT ORK?	28d. DESCRIBE HOW INJ	JURY OCCUREO	
DIVISION OR ATTENDING DIRECTOR: After hours after death	ETED (3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY At he building, atc. (Specify)	me, farm, street, factory, offic	ce	28t, LOCATION (Street and City or Town, State)	d Number or Rural Rou	te Number,
로 보고 #	MPL	(Critick Orly)	CIAN: To the best of my knowledge, de R: On the basis of examination and/or					nd menner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE C	296. SIGNATURE AND TITLE OF CENTIFIES TOWARD M.	ablog		29c. LICENSE NUME D 38 9	72	29d. DATE SIGNED (A	forth, Day Year) 11/90
	F	30. NAME AND ADDRESS OF PERSON WHI Found M. Alpha	s Johns Ho	PKINS HOS	pital 60	ON, Wolfe	Baltimo Estrect	ne md - 11205
		31. DATE FILED (Month, Day, Year) - NOV 1 6 1990	32. REGISTRAR'S SIGNATURE	2				
		101 2 100						DHMH-1\$ Rev 1/89

DIRECTOR

FUNERAL

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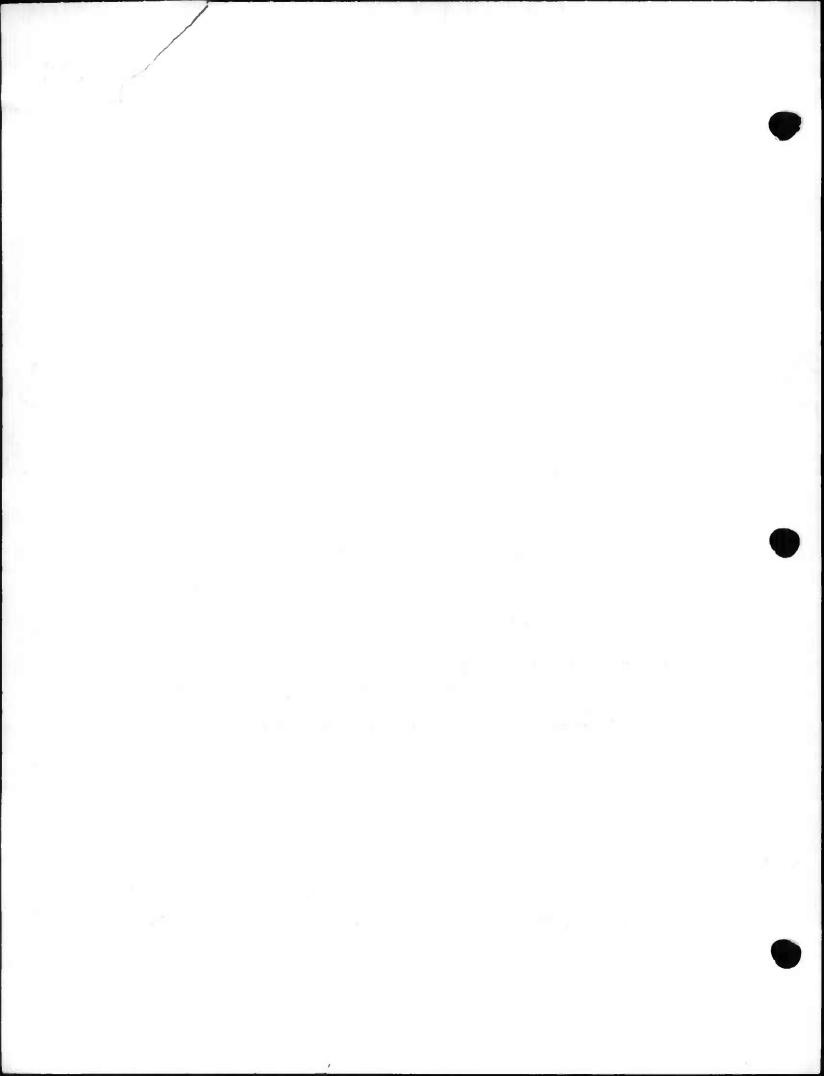
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AJA L

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
The property of ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.
The property like the property like in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that within the State Dogs. of Health and Mental Hygiene prior to burial, or removal.

IMPORTANTS If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / D	EPARTMEN RTIFICAT			MENTAL HYGIEN	E	0 01010
}	1. DECEDENT'S NAME (First Middle Lest)		olite			2. DATE OF DEATH	14 1990	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX			ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign
į	067-18-4181 1 DX	M 2 D F 65	YRS. MONTHS		HOURS MIN.	March 11		New York
POR	Sinai Hospital				timore		1-	
딥	10s. STATE 10b. COUNTY		IDC. CITY, TOWN	OR LOCATI	ON			10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Baltimo	re	Cocke					1 YES 2 NO
RAL	286 Lord Byron Lar	ne		10f.	21030		10g. CITIZEN	OF WHAT COUNTRY?
S	11. MARITAL STATUS 12. WA	AS DECEDENT EVER IN U.S. ARME	D 1:			IC ORIGIN? (Specify Yes	or No— 14.	RACE — American Indien, Black, White, atc.
BY F		PRCES? 1 XES 2 NO YES, GIVE WAR OR DATES WW			cify Cuban, Mexican 2 NO Specify:	n, Puerto Rican, etc.)		Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a, DECE	DENT'S USUAL	OCCUPATIO	N at of working	16b. KIND OF BU	SINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12) Colle	90 (1-4 or 5+) Fore	ign Se	rvice	Div.	Socia	l Secui	rity
OM	17. FATHER'S NAME (First, Middle, Last)		outy Di			ME (First, Middle, Maiden		itey
BE C	Sal Jame Molite				Mam	ie Falsett		
0	19e. INFORMANT'S NAME (Type/Print)	19b. P				loute Number, City or Tow		
-	Sal J. Molite, Jr.				-	Bel Air, M		
	20e. METHOD OF DISPOSITION 1	om State other place	gton N	name of cert ation:	al Cemet	ery Ai		or Town, State n, Virginia
	21. SIGNATURE OF FUNERAL SERVICE US HISER	andoc	2	2. NAME AN	D ADDRESS OF FAC	ell-Wiedefe	ald.	
	Paul T.	Lochstampfor	Ι,			aryland 2		
	PART I. Enter the diseases, or compile shock, or heart fellure. Liet on IMMEDIATE CAUSE (Final	nly ona cause on each line.					•	Approximate interval Batween Onset and Death
	disease or condition resulting in death)	APDIDAN	-mov	LAVZ:	1 a	iture		
z	C . S	DUE TO (OR AS A CONSEOU DUE TO (OR AS A CONSEOU DUE TO (OR AS A CONSEOU	Ca	ali1	owyo	Pathy		
ATTO			ENCE OF):		l			
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQU	ENCE OF):					
	resulting in death) LAST							
AL C	PART II. Other significent conditions conf	Thuting to death out not res	uiting in the	underlying	cause given in	Part h 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
	CARDIAC ARA	thy onia	1 B	EHL	date	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	20 to poor	oral into	tike,	5	MITTA	1		1 YES 2 NO
	YAWE Prosthes	4: PATTI	m C	ast	rection	Y		
PHYSICIAN:		SPITAL:	ОТН	ER:	ACE OF DEATH (Che			
HYS		npatient 2/2 ER/Outpatient 3 C	28b. TIME OF	lursing Hom 28c, INJ	e 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WO	RK? (ES 2 NO			
		Re. PLACE OF INJURY — At home building, atc. (Specify)	e, ferm, street, f	actory, office		26t. LOCATION (Street City or Town, Stells	and Number or)	Aural Aoute Number,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: T	o the best of my knowledge, deat	h occurred at th	e time, date	end plece, end due	to the ceuse(e) end me	nner ee atated.	
NO.	one)	he basie of examination and/or im-	watigation, in m	ry opinion, d	eath occured at the	time, date end place, e	nd dus to the c	ause(e) end manner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	ABER	29d. DATE S	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		レルナを) [11114 90
	A.C. ENRIQUE	, M.D., 243		BELL	EDEP	E AVE.	BAL	JO.MD 21215
	31. ANT HED CHOPS. 01999 Gradie	32. REGISTRAR'S SIGNATURE a Davidson-Randall		10.00				



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CONTROL OF THE SIGNAL THE IAW requires that the death certificate be executed within zernours after death. Pag	The Talk After this certificate has been signed by the attending physician and completely filled in by the funeral dir	
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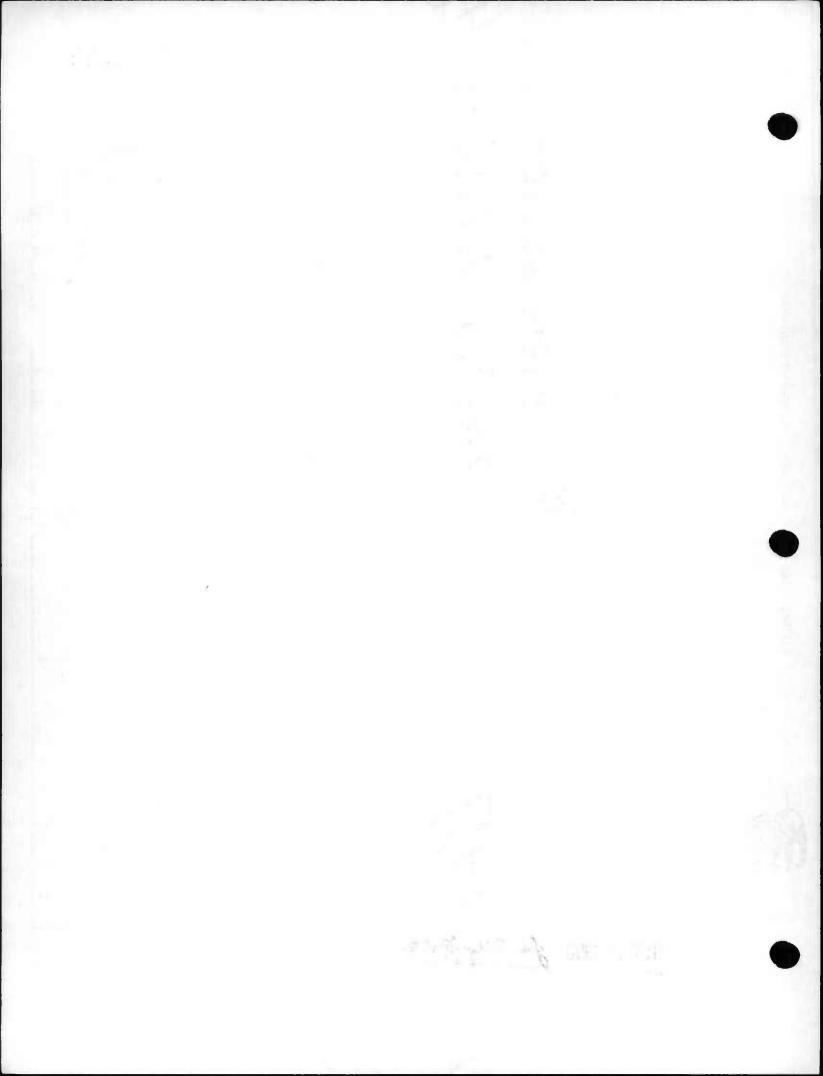
	1. DECEDENT'S NAME (First, Middle, Last) Richard		McCready	FICATE OF		2. DATE	OF DEATH	90		IME OF DEATH 11:21 A
	4. SOCIAL SECURITY NUMBER 219-50-7160	5. SEX 6.	AGE (In yrs. lest birthday) 43 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year) 9-1947		intry)	E (State or Foreig
OR	9a. FACILITY NAME (If not institution, give a Sinai Hospital	street and number)			DR LOCATION OF D	EATH		COUNTY DE		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Md Md	Y		timore	ATION					INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 3606 W. Belvede	re			21215		10	g. CITIZEN DI		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FDRCES? 1 I IF YES, GIVE WAR		If yee, a	CENDENT OF HISPA pecify Cuben, Mexico S 2 ND Specif	an, Puerto		14. RA	ACE - A lack, Wh becity:	merican Indian, ite, atc. Black
IPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 9th			B USUAL OCCUPAT work done during m use retired.)		161	. KIND DF BUSINE	SS/INDUSTRY	r	
E COMPL	17. FATHER'S NAME (First, Middle, Last) James A. McCre	ady			Helen		Middle, Melden Surn	ame)		
TO B	Helen McCrea	dy			end Number or Rural On Avenue		ber, city or Town, St 1timore.			21215
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Period 4 Donation 5 Other (Specific		20b. PLACE OF DISPO other place)	Western	Star Ce			on – chy or nsvil		
	21. SIGNATURE OF FUNERAL DERVICE LI	. Cosl		Marc 4300	**********	st Ave	nue			
	23. PART I. Enter the diseases or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	nused the death. Do on each line. rrhosis of		oda of dying, aud	ch aa cer	diac or reapirate	ory arreat,		Approximat Interval Bet Onset and
	Troubling in death,	DUE TO (OF	AS A CONSEDUENCE O							
MIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR		OF): OF):						
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE O	DF): DF):	ng cause given in	Part I.	24a, WAS AN AUT PERFORMER	0?	CON OF 1	LABLE PRIOR TO IPLETION DF CA DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Jaundice, Asc. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR d	AS A CONSEQUENCE OF AS A C	OF): OF): In the underlying the second sec	PLACE OF DEATH (C)	heck only o	PERFORMED YES 2 no)	0?	CON OF 1	IE AUTOPSY FINI LABLE PRIOR TO IPLETION DE CA DEATH?) YES 2 NE
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Jaundice, Asc.	DUE TO (OR C. DUE TO (OR d	AS A CONSEQUENCE OF AS A C	28. I OTHER: 4 Nursing Ho ME OF UNITY M 1	PLACE OF DEATH (CI	heck only o	PERFORMED YES 2 no)	D? ND	AMAI COM OF I	LABLE PRIOR TO IPLETION OF CA DEATH?
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (OR C. DUE TO (OR d	AS A CONSEQUENCE OF AS A C	28. I OTHER: 4 Nursing Ho ME OF UNITY M 1	PLACE OF DEATH (CI	6 Oth	PERFORMED YES 2 The property of (Specify)	ND RY OCCURED	AWAI CON OF I	LABLE PRIOR TO PLETION DE CADEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Jaundice, Asc 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE C AS A CONSEQUENCE C AS A CONSEQUENCE C ath but not resulting WOutpetient 3 DOA WRY 28b. Till IN URRY 28b. Till IN LURRY At home, farm, (Specify)	26. I OTHER: 4 Nursing Ho ME OF ME	PLACE OF DEATH (C) me 5	8 Other	PERFORMED NES 2 NES	ND RY OCCURED	AMAI COM OF 1	LABLE PRIOR TI BILETION DE CA DEATH?] YES 2 NI Number;

111 Penn St.

Donald G. Wright, M.D.

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Baltimore, Md. 21201

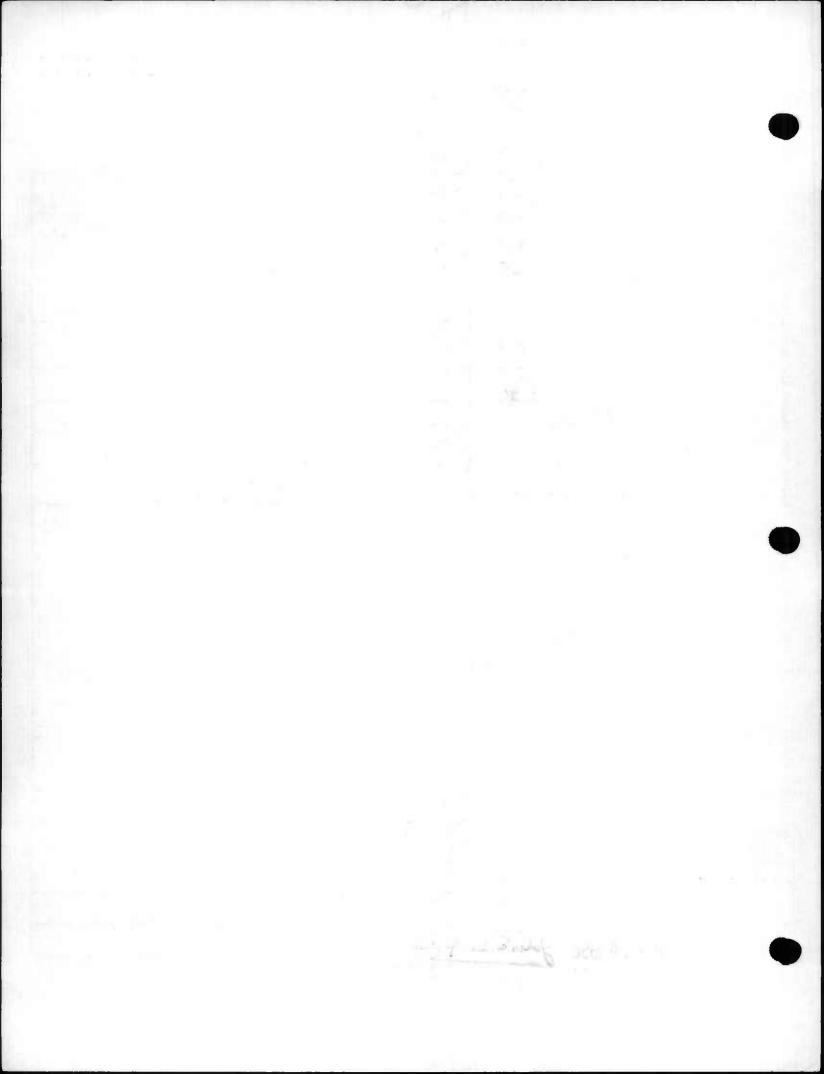


DIVISION OF VITAL RECORDS, P.O. BOX 13146, LOCAL OF ATTENDING PHYSICIAN: The law requires that the death cartificate he measured.

er death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely lilled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should file death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	il examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO, THE LEAST AN ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.	To the street and competed this certificate has been signed by the attending physician and competedy filled in by the high mental principles after death with the State Degt, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	cn				2. DATE OF DEATH MONTH D		
	EDWARD W. MAY FIELD,)K				11 (3 90	10/. 1//
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrd last $2 \cdot 17 - 20 - 9893$ 1 $12 \cdot 10 \cdot 10 \cdot 10 \cdot 10$	YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mopth, Day, Year)	- 8. B	IRTHPLACE (State or Foreign ountry) 5 - C
æ	Sa. FACILITY NAME (If not institution, give street and number)		96. CITY, T	-11	R LOCATION OF DE		9c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT		0	elt	D .			
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	r, TOWN OR	LOCAT	ION			10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	1	al	10	ZIP CODE	_	too CITIZEN	1 YES 2 NO
FUNERAL	2909 Brighton St				2/2/	6	4	. SA
E	11. MARITAL STATÚS 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 Never Married 2 Married FORCES? 1 YES 2					IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		1 [YES	2 NO Specify			specify: Black
COMPLETED	(Specify only highest grade completed) (G		USUAL OCC vork done du e retired.)			Bethle	hem Si	
BE COM	17. FATHER'S NAME (First, Middle, Least Hayfield				16. MOTHER'S NA	ME (First, Middle, Malden lear W	Surname)	
10 8	Willie M. Mayfield	290	ADDRESS (Street a	nd Number or Pural P	Houte Number, City or Tow	m, State, Zip Cook	2/2/6
	20s. METHOD OF DISPOSITION 1	OF DISPOS	Nam (Nam	of con	Mem H	200,10 Le	cation - city	or Yown, State H. G.
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE		22. N	AME AN	D ADDRESS OF FA	H. West	_	1
	(John 3. Cegli		1	ia	in the	200 Wal	bach	Ave
	23. PART I. Enter the diseases, or complications that caused the deshock, or heart failure. List only one cause on each line	eath. Do n	ot enter t	he mo	de of dying, suci	h aa cardlac or resp	Iratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	212	1 DAV	1 304	Nitaria			Onset and Death
	resulting in death) e			ON	COLONE			
z	ILFU	2						
E		RAS A CONSEQUENCE OF: RESPIRATURY FAILURE						
	that initiated events	QUENCE OF	F):			_		
CERTIFICATION	resulting in death) LAST & NO	STA	GE	C	TRO			
	PART II. Other significant conditions contributing to death but not	resulting i	in the und	ertying	cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL						1 TYES		COMPLETION OF CAUSE OF DEATH?
- 1						_		1 TYES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL			26 84	ACE OF DEATH (Ch	act actuace)		
SICI	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Pinpatient 2 ER/Outpetient 3	DOA	OTHER:			8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM		Bc. INJ		28d, DESCRIBE HOW	INJURY OCCURE	ED C
ВУ	2 Accident Investigation		М	1 🗆 1	ES 2 NO			
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, s	street, factor	ry, offic		281, LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, di 2 MEDICAL EXAMINER: On the basis of axemination and/or							use(s) and manner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIER	^ .			29c. LICENSE NUI	MBER	29d. DATE SK	GNED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type	Prince	Phy.	in D3	7203	 -	13-90
	TERANCE LLAMO durent		1	00	ter Bus	truce 11ho). Diale	3
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	1.00						-
	NOV 1 6 1990 Julia Davidson-Rans	ANDLO						DMMM-10 Pay 1/0



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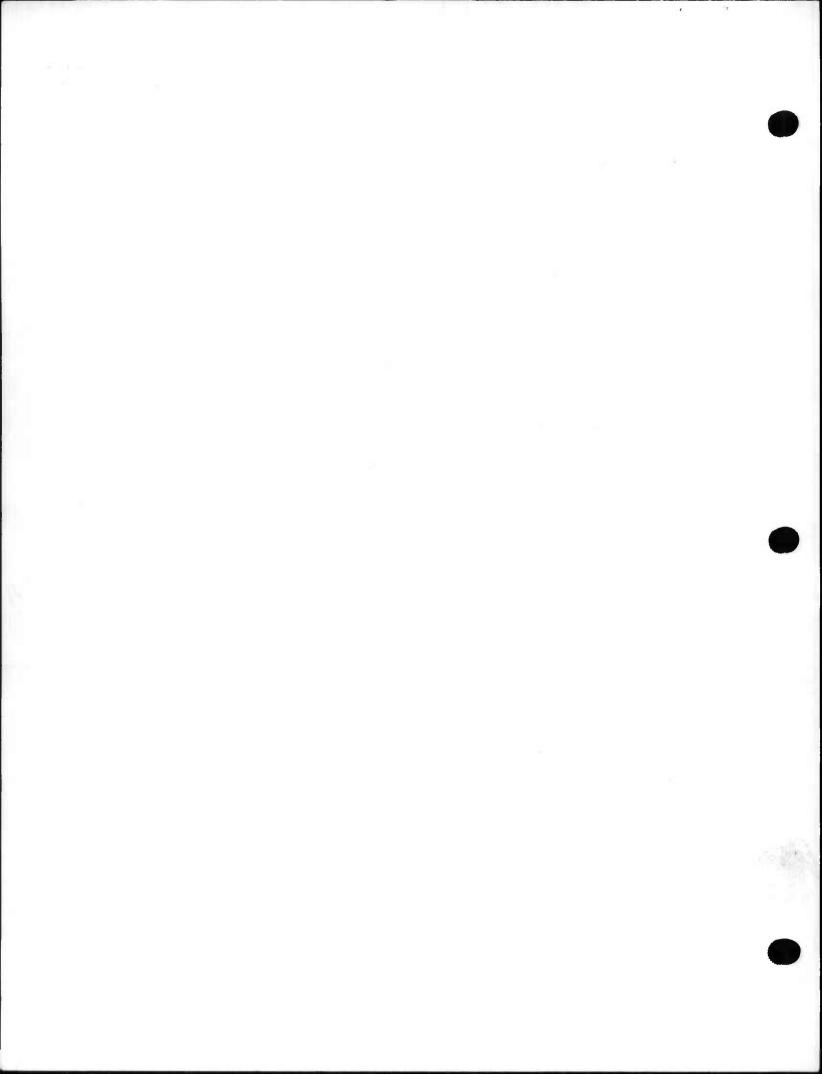
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Older, its say office and are designed to consider with the same and t	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should I	
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90 31546 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH NOVEMBER 15-1990 15 FERDINAND MAINOLFI SR. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. # BIRTHPLACE (State or Foreign 1 M 2 - F DAYS HOURS 213-10-1926 FEB.6, 1906 VDC ITALY 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERCY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND. BALTIMORE 1 TY YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 3416 CARDENAS AVE. 21213 U. S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) FORCES? 1 YES 2 XNO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: ВУ 3 📉 Widowed 4 🗌 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) College (1-4 or 5 +) Elementary/Secondary (0-12) NA NA SLIP COVER MANUFACTURER UPHOLSTERY CO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN MAMALIA MAINOLFI BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FERDINAND G. MAINOLFI (SON) 4301 ST. PAUL ST., BALTIMORE, MD. 21218 METHOD OF DISPOSITION
Burlel 2 Cremetton 3 Removal from State
Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c LOCATION - City or Town, State BALTIMORE, OAKLAWN CEMETERY 22. NAME AND ADDRESS OF FACILITY
SCHIMUNEK FUNERAL HOMES, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3331 BREHMS LANE, BALTIMORE, MD. 21213 23. PART I. Enter the dispess, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory strest, Approximate shock, or heart fallure. List only one ceuse on each line. interval Between Doset and Desth IMMEDIATE CAUSE (Fine) disease or condition BILATENAL BRONCHO PREUMONIA resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): SEVERE DEBILITATION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): ACUTE CEREBROVASCULAR ACCIDENT if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Dther significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO MULTIPLE SMALL DECUBITI COMPLETION OF CAUSE 1 TYES 2 NO URO PATHY DBSTAUCTIVE 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1.8 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 TES 2 NO ng Home 5 - Residence 8 - Other (Specify) 4 I Nursi 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ED 4 Homicide determined ET 29a. CERTIFIER
(Check only
one)

The period of the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

The period of the pe COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner ea stated. 20. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DO 7316 hs. Notarangel ► 11-15-1990

30! NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOSEPH D. NOTARANGELO M.D. 301 ST. PAUL PLACE-BALTIMONE MD 21202 12 REGISTAAR'S SIGNATURE



aw requires that the death certificate be executed with RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, of Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYS TO THE FUNERAL DIRECTOR: ARECTOR De filed within 72 hours after death, with DIVISION OF VI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIEN
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT OF CERTIFICATE O		MENTAL HYGIEN		0 01011			
1. DECEDENT'S NAME (First, Middle, La HERBER	Tc. Mour	TON JE	2,	2. DATE OF DEATH	-	SAM M			
4. SOCIAL SECURITY NUMBER 212 - 12 - 0325	5. SEX 1 M 2 G F 70	YRS. Iesl birthday) IF UNDER 1 YEAR MONTHS DAY:	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-5-/	920 1	BIRTHPLACE (State or foreign country) BIRTHPLACE (State or foreign Md.			
9a. FACILITY NAME (If not institution, ghad LAN COUR PRESIDENCE OF DECEDENT		NTER BA	limor	2 City	9c. COUNTY	OF DEATH			
RESIDENCE OF DECEDENT 100. STATE 100. STREET AND NUMBER	NTY	100-CITY, TOWN OR LO	imore			16d. INSIGE CITY LIMITS? 1 VES 2 NO			
11/ - ()	nan Rd		2/20	7	4	5. A			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 THES 2 IF YES, GIVE WAR OR DATE	NO If yes,	specify Cuban, Maxico		is or No—	RACE — American Indian, Black, White, etc.			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First/Middle, Last)		DECEDENT'S USUAL OCCUPI (Give kind of work done during life. Do NOT use retired.)	TION most of working	18b. KIND OF BU	JSINESS/INDUS	TRY			
	1 mail	to Co	16. MOTHER'S NA	AME (First, Middle, Maider	n Surname) /	0			
a. INFORMANT'S NAME (Type/Print)	mault	19b. MAILING ADDRESS (Size	et and Number or Rurel	Pour Nymber, City or Ton	wn State, Zip Q	ins on a non			
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 8 R	lamoval from Stata 20b Pi	ACE OF DISPOSITION (Name of her place)	cornetery, crematory or	b (200. L)	OCATION — CH	y or Town, Stata			
4 Donellon 8 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE LICENSEE	221 NAME JOS	AND ADDRESS OF FA	KUSS 1	CUNE BIR.	Bold Galar			
23. Party I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause on aach	the comesa			piratory arres	t, Approximata interval Between Onset and Dasti			
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events to the death). ACT								
PART II. Other significant conditions of the part of t			ring cause given in	Part i. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (C)	hack only one)					
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatie	OTHER:	ome 8 - Residence						
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED			
	building, atc. (Specify)	At home, farm, street, factory, o	ffice	281. LOCATION (Street City or Town, State	t and Number or e)	Rural Route Number,			
ann)	HYSICIAN: To the best of my knowledge								
296. SIGNATURE AND TITLE OF CERTI	Cholcher M		29c. LICENSE NU		29d. DATE S	IGNEO (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)				1			
31. DATE FILED (Month)	32. REGIS SIGNATI	BE Apple		· · · · · · ·					

MANUEL SEC. SEC. SEC. STANK

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

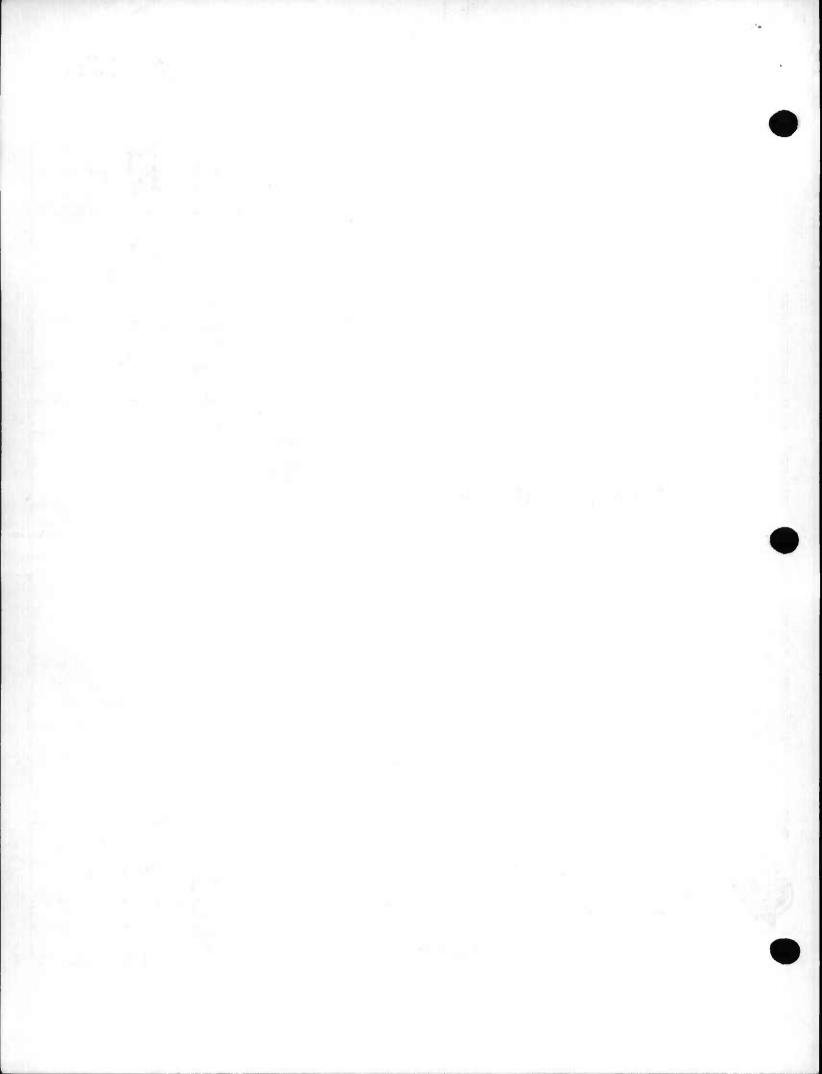
TANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

90 31548

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIEN
DECEDENT'S NAME (First Middle Leat)		A DATE OF BEATH

REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.		
	ando	Louis	Mojica		2. DATE OF DE MONTH 11-13	B-90	YEAR	3. TIME OF DEATH 9:38AM
4. SOCIAL SECURITY NUMBER 580-50-4591			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 4-15-19	Ybar)	Country	PLACE (State or Foreign v) 'to Rico
90. FACILITY NAME (N not institution, give street University Hospit		9	Balti	LOCATION OF OR LMORE CI	ATH	9c. COUNT	Y OF D	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Manual and Dellaria			TOWN DR LOCATIO	ON	ş			10d. INSIDE CITY LIMITS?
Maryland Baltin	nore Count	y Wood		ZIP CODE		10g. CITIZI	EN OF W	1 ☐ YES 2 ☑ ND
3507 Rhom Rd.				21207		USA	A	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O	ES 2 NO	if yes, spec	NDENT OF HISPAN city Cuben, Mexice 2 NO Specify to Ricar	n, Puerto Rican,			•
15. OECEDENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. OECEDENT'S US (Give kind of word life. Do NOT use in	UAL OCCUPATION is done during most etired.)	V .	16b, KIND	OF BUSINESS/INDU		Hispanic
17. FATHER'S NAME (First, Middle, Last)	year	Export M	anager	16. MOTHER'S NA		guard Shi Maiden Surname)	Lpp1	ng
Jose Mojica				Martha	Rodri	guez		
19a. INFORMANT'S NAME (Type/Print)			'			y or Town, State, Zip C	Code)	
Mrs. Rita Mojica		3507 R		Balti	more, l	MD 2120 20c, LOCATION — C		wa State
20a METHOD OF DISPOSITION **X*Buriel 2	val from State	other place) MD State Ve				Garrison		
21. SIGNATURE OF FUNERAL SERVICE LICE		b /	Lorin	g Byers	Funeral	l Directo andallsto	rs,	Inc.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Cirrhosi DUE TO (OR	ilure AS A CONSEQUENCE OF): S Of the li AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	ver					
PART II. Other algnificent conditions	contributing to dea	th but not resulting in	the underlying	cause given in	D1 = 1	WAS AN AUTOPSY PERFORMED? MES 2 NO	24b	MERE AUTOPSY FINDI MALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? XXXES 2 \(\text{N} \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL/	ACE OF DEATH (Ch	eck only one)			
	HOSPITAL: 1 Hopetient 2 ER	Outpatient 3 DOA 4	OTHER:	5 🗆 Residence	6 🗆 Other (Spec	clfy)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26e. DATE OF INJU (Month, Day, Ye	JRY 28b. TIME (TY WOF		28d. DEŞCRIBI	E HOW INJURY OCCI	URED	
2 Accident investigation 3 Suicide 5 Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, stri (Specify)	eet, factory, office		28f. LOCATION City or Tow	(Street and Number on, State)	or Rural I	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ONE)		knowledge, death occurred						s) and manner as state
296. SIGNATURE AND TITLE OF CERTIFIER	n Uhill			29c. LICENSE NUI			11-1	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO MARGARITA A. KOF	COMPLETEO CAUSE O	F DEATH (ITEM 27) (Type, P	lll Penr	Street	,Baltim	ore,MD 2	120	1
31. DATE FILED (Month, Day, Year) NUV 1 6 1990	32. REGISTRAR'S							

OHMH-18 Rev 1/89

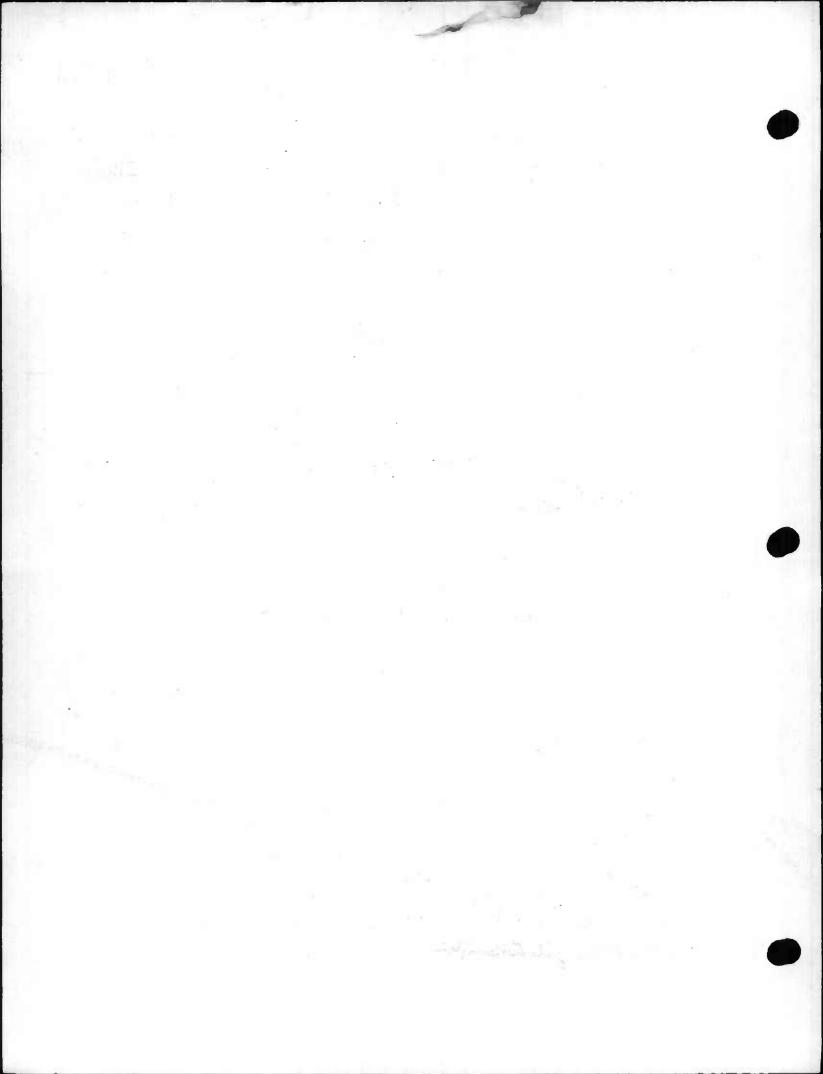


614560

	1 - STATE OF MA	RYLAND / DEPARTMEN CERTIFICAT	IT OF HEALTH AND NE OF DEATH							
	1. DECEDENT'S NAME (First, Middle, Last) Wilbur J. Mer	rer	8.502	2. DATE OF DEATH	11255	3. TIME OF DEATH				
		AGE (In yrs. last birthday) IF UNDI		7. DATE OF BIRTH (Month, Day, Yea 2-22-	06	BIRTHPLACE (State or Foreign Country)				
TOR	Battimore Countingeneral Hospital Randallstown Baltimore Baltimore Baltimore Baltimore									
DIRECTOR	10a. STATE 10b. COUNTY Md Baltimore	TE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								
FUNERAL	715 Maiden Choice La., Apt.	407 CHapel Cou	rt 21228			OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT 8 FORCES? 1 IF YES, GIVE WAP	YES 2 ANO	NAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.	Yea or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHite				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 3 Yrs	16e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired. Manufacture	e during most of working)		BUSINESS/INDUST					
	17. FATHER'S NAME (First, Middle, Lost) John Charles Mercer			ME (First, Middle, Ma						
TO BE	19e. INFORMANT'S NAME (Type/Print) Aurelia Mae Mercer		ss (Street and Number or Rural F en Choice La		07 Chape					
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	al 2 Cremation 3 Removal from State other place)								
	21. SIGNATURE OF FUNEZIAL SERVICE LICENSEE	1	Hubbard Fune	al Home	Inc.					
	IMMEDIATE CAUSE (Finel diseases or complications that course immediate cause (Finel disease or condition resulting in death) a. So Si put To (o	aused the death. Do not ente	4107 Wilkens or the mode of dying, such	AVe Randlac or m	alto Mo espiratory arreat	A 21220 Approximate Interval Batwean Onset and Death				
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST BUS TO (OR AS A CONSEQUENCE OF): Respiratory Failure OUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPEY PERFORMED? 1 VES 2 VIO 1 VES 2 VIO 1 VES 2 VIO									
SICIAN	25. WAS CASE REFERRIED TO MEDICAL EXAMINER? 1 YES 2 NO Very Specifier 2 0	SNOutpatient 3 □ DOA 4 □ S	26. PLACE OF DEATH /Chi ERI: uraing Home 5 - Residence	- 11-20-00-00-0						
	27. MANNER OF DEATH 28s. DATE OF IN (Month, Day.	JURY 285. TIME OF	26c. INJURY AT WORK?	-	OW INJURY OCCUR	ED				
TED BY	A COMMITTER OF THE PROPERTY OF	NAURY — At home, ferm, street, for (Specify)	office	28f. LOCATION (SI City or Name, 5	reet and Number or I	Floral Flouris Number				
COMPLET	29s. CERTIFIER CHOOSE OF CHARLES AND THE DESIGNATION OF THE DESIGNATIO	// // /	time, date and place, and due opinion, death occured at the			suse(s) and manner as stated.				
BE	290. SIGNATURE AND TYPE OF CERTIFIER	/ Xmu	D379		29d. DATE SI	GNEO (Month, Day, Year)				
2	30, National States of Personal States Cause	Randals to	oun, MD.	21133	2					

July REGISTRAR'S SIGNATURE

NOV 16 1990



urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE HIGGS THE FUNCTIONAL THE law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

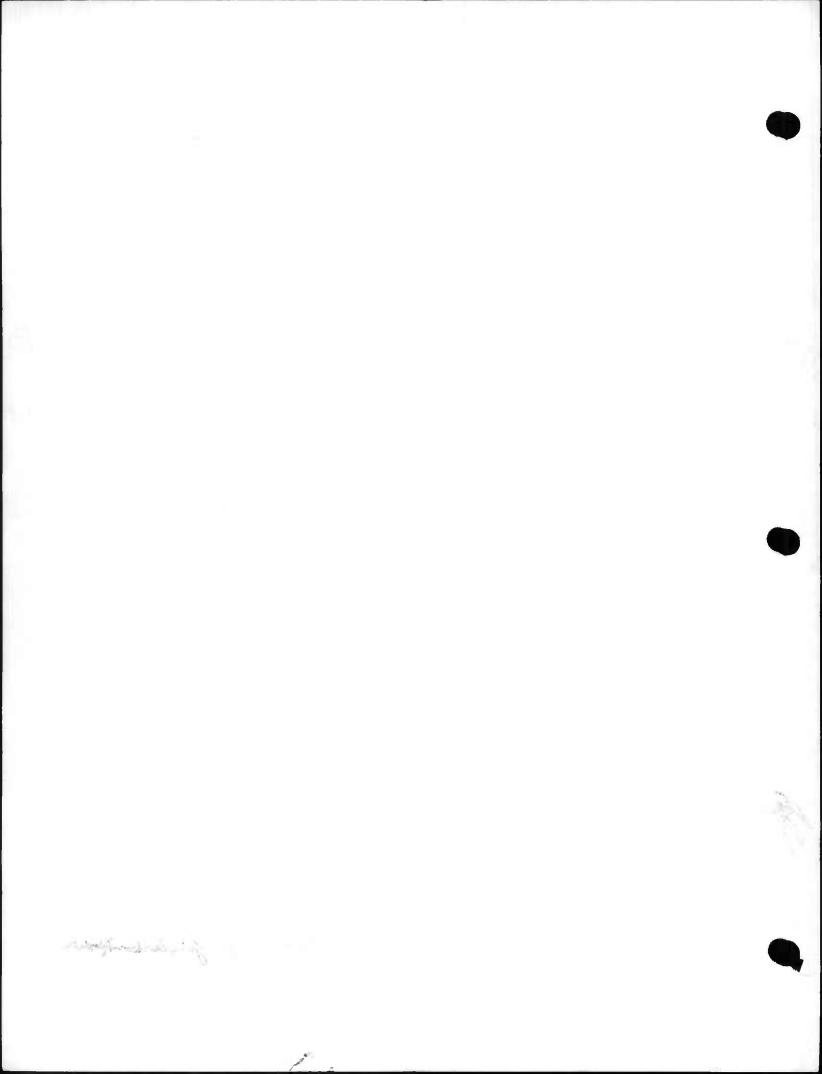
TO THE FUNCTION Attention that the cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 mounts the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. OF VITAL RECORDS, P.O. BOX 13146,

1	-	FOR STATE REGISTR	AF
i	1. D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ENTIL	CAIL	UF	DEATH		REG. NO.			
í	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM A	Dec	AULE	7				2. DATE OF MONTH	DEATH	ΝY	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX/	6. AGE (In yrs. Ia		IF UNDER t	ve.s.	IF UNDER 24 HRS.	11				PLACE (State or Foreign
	217-01-3302	1 M 2 F	71	YRS.		DAYS	48.6 ml m 14 1			Country)		y)
	9a. FACILITY NAME (If not institution, give st	reet and number)					R LOCATION OF DE				NTY OF D	
R	Harbor Hospital					tim	ore					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											
Md Anne Arundel Co. Baltimore										10d. INSIDE CITY LIMITS?		
										40 - 017		1 NES 2 NO
RA	104Sycamore Road					107.				1.5-41		/HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN 11 S. AI	PMED	1 12 W	S DEC	21206 ENDENT OF HISPAN	IC OBIGINS (Roselfu Vac		S.A	
	1 Never Married 2 Married	FORCES? 1-	YES 2 AR OR DATES	NO	lf y	/es, spe	cify Cuban, Maxican	, Puarto Rica		01.110	Black Speci	— American Indian, , White, etc.
B≼	3 🔀 Widowed 4 🗌 Divorced	11 123, 0172 18	AR OR DATES		1 ''	_ 1129	2 RO Specify					White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	ECEDENT'S	USUAL OCC	UPATIC	ON st of working	16b, KI	ND OF BUS	SINESS/INI		
	Elementary/Secondary (0-12)	College (1-4 or 5+	100	o. Do NOT us	se retired.)		•					
₽ B			T	ruck	Drive	r						12 2 3
	17. FATHER'B NAME (First, Middle, Last) Joseph E. McCau	1037					16. MOTHER'S NAI	WE (First, Mide	die, Maiden	Sumame)		
BE	19a. INFORMANT'B NAME (Type/Print)	109					Goldie nd Number or Rural R		0	0 7		
2	John W. McCauley						Willow R					1076
	20a. METHOD OF DISPOSITION 1XXBurial 2 ☐ Cremation 3 ☐ Rame	oval from Stata	20b. PLACE other p	OF DISPO	SITION (Nam	of cen	netery, crematory or		20c. LO	Dc. LOCATION — City or Town, Stata		
	4 Donation 5 Other (Specify)		Loud	on Pa	rk Ce	met	ery		Ва	altin	nore	
	21. SIGNATURE OF FUNERAL SERVICE LIC	U					d Funera		ο Tn			
	Jacke W.	gram	on.								ore.	Md. 21229
	23. PART f. Enter the diseases, or o					_						Approximate interval Between
	IMMEDIATE CAUSE (Final	CAUSE (Final										
	diseese or condition resulting in death)	m	ultip	le o	ga	~	Jailus	٠				
	000000000000000000000000000000000000000	DUE TO	(OR AS A CONSE	OUENCE O	en:	_	- L					
NO	Sequentielly liet conditions,	b. Ca	COD AS A CONS	DIJENCE O	c /6	W	antput	my	-da	~~~		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	~~	MACOL	dial		1	action	~				į
F	CAUSE (Diseese or injury that initiated events	DUE TO	OR AS A CONSE	QUENCE O	F):	r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>
F	resulting in death) LAST	d										
	PART ii. Other significant condition	e contributing to	death but not	requiting	in the und	orlyin	- ceuse sium in	Dart I 2	4a. WAS AN	ALITODOV	1 245	WERE AUTOPSY FINDINGS
EDICAL	aute tus			reauting	in the und	errymi	g ceuse given in	raft I. 2	PERFOR		240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă			ans					1	YES 2	ON 🗌		OF DEATH?
Σ	liver faitu	~						-				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					24 51	ACE OF DEATH MA	not not:				
S	EXAMINER?	HOSPITAL:	1 EDIO 4 - 11 - 1	. []	OTHER		LACE OF DEATH (Ch					
448	1 YES 2 NO	1 Inpetiant 2		26b. TIN			URY AT	20d, OESCF		NJURY O	CCURED	
	1 Netural 5 Pending	(Month, D	ley, Year)	IN	JURY M	WC	PRK7 YES 2 NO					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE O	F INJURY — At h	ome, farm,	street, facto	ry, offic		28f. LOCATI	ION (Street Town, State)	and Numbe	or Rural	Route Number,
COMPLETED	4 Homicide determined	bullating,	etc. (Specify)					City or	iown, State,	,		
٦	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, o	leath occur	red at the tin	re, deta	and place, and dua	to the cause	(s) and ma	nner as st	nted.	
M	one) 2 MEDICAL EXAMINE	R: On the basia of a	xamination and/o	r Investigati	on, in my op	Inion, d	leath occured at the	time, deta ar	nd placa, a	nd dua to t	the cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			-		29c. LICENSE NUM	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
BE	akenluk	n.D. 1	Hu.							•		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	e, Print)							
	ALLAN KAPILLUSK	7 30	01 Si	OHAY	VER	58	BALT	11701	RE	20	21	230
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE			1	NOV 1	£ 100	0 1	a: 10		230
		1		al.	1	16	MAAT	V 199	1 9	Wes D	LANGE OF	A-Mahor-



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	notified
	9
	SOL
	examiner
8	10

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Zerrofur after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF N			MENT OF H		MENTAL HYGIE REG. N		J	1001
1. DECEDENT'S NAME (First)	EDENT'S NAME (First, Middle, Linst) JOSEPH MALECKI				I		2. DATE OF DEATH	DAY YE 11 9	AR	TIME OF DEATN
4. SOCIAL SECURITY NUMBER 5. SEX 6. AG				. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8.1	BIRTNPLA	CE (State or Foreign
214-03-2622	MONTHS DAYS HOURS MIN. (MONTH, Day, Year)						Country) ARVI	AND		
9e. FACILITY NAME (If not in	stitution, give str	set and number)			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY		
627 S. PA		ON PK A	VENUE		BALTI	MORE				
10a. STATE	10b. COUNTY			10c. CITY	TOWN OR LOCAT	ION			100	I, INSIDE CITY LIMITS?
MARYLAND				BAL	TIMORE				1 0	YES 2 NO
10e. STREET AND NUMBER					101	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
627 S. PA	TTERS	ON PK A	VENUE		2	1231		USA		
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	If yes, spi		NIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:		RACE — Black, Wi Specify: WHI	
	EDENT'S EDUC y highest grade (3-12)		+)	Give kind of wille. Do NOT use		DN st of worlding	16b. KIND OF E	USINESS/INDUS	TRY	
17. FATNER'S NAME (Flost, M JOSEPH M	iiddie, lest) ALECK	I	- 12			18. MOTNER'S NA AGNES	BOROWS			
19e. INFORMANT'S NAME (19b. MAILING	ADORESS (Street a	nd Number or Rural	Route Number, City or 1	own, State, Zip Co	de)	
MR. MICHA	EL MAI	LECKI		6402	HARTWA	IT ST E	BALTO. M	D. 212	24	
20a. METHOD OF DISPOSIT 1X Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Remo	oval from State	ST.	STAN	ISLAUS	netery, cremetory or CEMETE	RY BA	LOCATION — City		State
ATURE OF FUNERA	AL SERVICE LIC	HISEE .	LION	slin	KACZI	OROWSKI			. 2	1224
immediate cause (Fi disease or condition reaulting in death)	aert failure. I	List Dniy Dna 🚮	use Dn aach	line.	Than		ch as cardiac or re	piratory arreat		Approximate interval Between Onset and Death
Sequentially list conditions if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	diate ING ury	D		NSEQUENCE OF						
PART II. Other significa	ent condition	s contributing to	o death but r	not resulting i	n the underlyin	g cause given in	PERI	AN AUTOPSY CORMED?	AM CO OF	ERE AUTOPSY FINOINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	FP/C	m 3 DOA	OTHER:	LACE OF DEATH (C				
27. MANNER OF DEATH	Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b, TIM	E OF 28c. IN. WC	IURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE NO			
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — , , atc. (Specify)	At home, ferm, s	treet, factory, offic	•	281. LOCATION (Str. City or Town, St		Rural Rout	e Number,
(Check only							e to the cause(e) and e time, date end place			nd manner ee stated.
296 SIGNATURE AND TITY	OF CERTIFIER	+			·	29c. VCENSE NU	IMBER C	29d. DATE 9	IGNED\/M	onth, Day, Year)



AND THE STATE OF T

YEAR 1990

9c. COUNTY OF OEATH

BALTIMORE CITY

7. DATE OF BIRTH (Month, Dey, Year) -13-10

3. TIME OF DEATH

7:35P

8. BIRTHPLACE (State or Foreign

OR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER 213-09-1159

MARCUS

THE JOHNS HOPKINS HOSPITAL

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 M 2 - F

IF UNDER 1 YEAR

IF UNDER 24 HRS. HOURE

96. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE

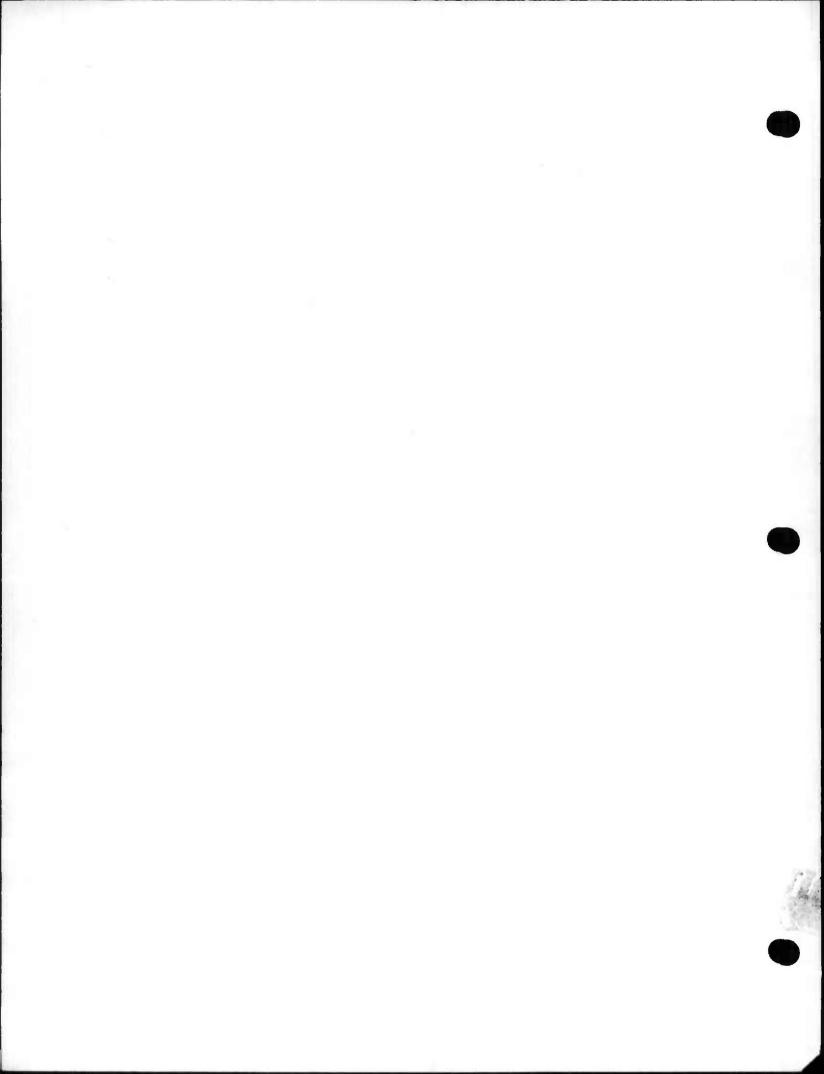
NOLE

8. AGE (In yrs. lest birthday)

YRS.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIRECT	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LO			10d. INSIDE CITY LIMITS?						
	1110.	134 17			YES 2 NO						
FUNERAL	1748 5. Preston ST.		21213	10g. CITIZE	N OF WHAT COUNTRY?						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 No IF YES, GIVE WAR OR DATES		I. RACE — American Indian, Black, White, etc. Specify:								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only rights grade completed) Elementary/Secondart (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
MPL	LABOR-Beth-Steel										
BE COI	17. FATHER'S NAME (First, Middle, Last) GEORGE NO/E		18. MOTHER'S NAME (First,	Middle, Melden Surname) NO/-C							
TO B	190. INFORMANT'S NAME (Type/Print) F/DSSIC NO/E	1748E	Preston 57	ber, City or Town, State, Zip C							
	20a METHOD OF DISPOSITION 1 Dispuries 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	OF DISPOSITION (Name of lece)	cometery, cremetory or	20c. LOCATION - CH	to a final state of the state o						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/22. NAME	AND ADDRESS OF FACILITY	,							
	Betts Funeral Ho.		29 N. CA	rolines	+-						
	23. PART I. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line		node of dying, such es can	diec or respiratory srred	Interval Between						
	IMMEDIATE CAUSE (Finel disease or condition Corolated, None of the Corolated										
	resulting in death) a. DUE TO (OR AS A CONSE	OUENCE OF):			73.5.5						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST										
	PART II. Other significent conditions contributing to death but not i	resulting in the underl	ing cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
PHYSICIAN: MEDICAL					OF DEATH? 1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL	26	PLACE OF DEATH (Check only o	ne)							
SIC	EXAMINER?	OTHER:	ome 5 Residence 6 Oth	er (Specify)							
ву РНУ	27. MANNER OF OEATH 1 Netural 5 Pending (Month, Day, Year) 1 Investigation	INJURY	INJURY AT 28d. DE WORK?	SCRIBE HOW INJURY OCCU	PREO						
8	2 Accident investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or										
TO BE C	296. SHOWATER AND THE OF CERTIFIER Med	Residen	29c. LICENSE NUMBER	29d. DATE	SIGNED (Morrin, Day, War)						
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	Johns	Hopkus	Hoppe	the						
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 16 199	0 Julia Da	idson-Randelle								
	,	17			DHMH-18 Rev 1/89						

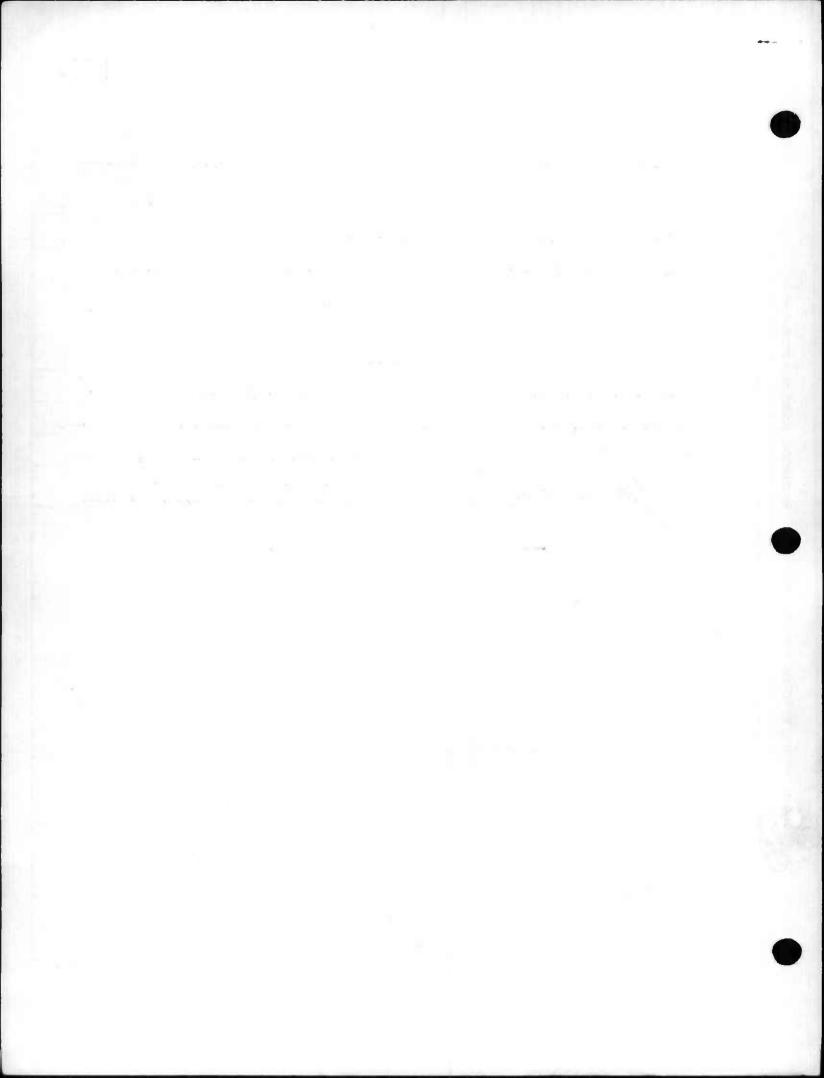


31553 90

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	A DESCRIPTION MARKET OF A ARREST AND A SECOND									
	1. DECEDENT'S NAME (First, Middle, Last Robert	Wayne	Neal,	Jr.	2. DATE	E OF DEATH	3. TIME OF D 6:42			
	4. SOCIAL SECURITY NUMBER	100000000000000000000000000000000000000	NGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 2	HRS. 7. DATE	E OF BIRTH	6. BIRTHPLACE (State of			
	None	1 💢 M 2 🗆 F	1 YRS.			113,1989	Maryland			
~	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	St. Agnes Hos	spital		Baltimore	City	1	N/A			
띭	10a. STATE 10b. COUN			Y, TOWN OR LOCATION			10d. INSIDE (
	Maryland	N/A		Baltimore		1 TYES 2				
FUNERAL	100. STREET AND NUMBER 2544 Wilkens	Avenue		10f. ZIP CODE 212	23	U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	13. WAS DECENDENT OF If yes, specify Cuben, 1 PYES 2- NO	Mexican, Puerto		14. RACE — American I Black, White, etc. SpecifyWhite			
	15. DECEDENT'S EC (Specify only highest gra		16a. DECEDENT'S	USUAL OCCUPATION work done during most of working	16	b. KIND OF BUSINESS/IND	USTRY			
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ilfe. Do NOT u	se retired.)		/-				
COMPL	None		C	hild		N/A				
	17. FATHER'S NAME (First, Middle, Last)	Clan				, Middle, Maiden Surname)				
8	Robert W. Neal	, Sr.	Birth Trees		n M. Jo					
2	Robert W. Neal,	Sr.		Wilkens Aven		altimore, Ma				
	20s, METHOD OF DISPOSITION			SITION (Name of cometery, crems		20c. LOCATION —				
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from Stata	other place)	adowridge Mem			ge, Maryla			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22 NAME AND ADDRESS	OF FACILITY	Towns Trame				
	Norh VII	Km				funeral Home Elkridge,				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)			LDHOOD I SYNDROME (S	IDS)		Interva			
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR OUE TO (OR C.	ATH IN CHI	i Syndrome (S f): f):	IDS)					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	B. DUE TO (OR OUE TO (OR C.	ATH IN CHI	i Syndrome (S f): f):	IDS)					
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OUE TO)	ATH IN CHI IPANT DEATH AS A CONSEQUENCE O AS A CONSEQUENCE O	i Syndrome (S	ven in Part I.	24a. WAS AN AUTOPSY PERFORMED?	Onset			
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OUE TO)	ATH IN CHI IPANT DEATH AS A CONSEQUENCE O AS A CONSEQUENCE O	i Syndrome (S	ven in Part I.		24b. WERE AUTOP: AMAILABLE PR COMPLETION OF DEATH?			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OUE TO)	ATH IN CHI IPANT DEATH AS A CONSEQUENCE O AS A CONSEQUENCE O	i Syndrome (S	ven in Part I.	PERFORMED?	24b. WERE AUTOP: AMAILABLE PR COMPLETION			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition	B. DUE TO (OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OUE TO)	ATH IN CHI IPANT DEATH AS A CONSEQUENCE O AS A CONSEQUENCE O	i Syndrome (S		PERFORMED? 1 ☑ YES 2 ☐ NO	24b. WERE AUTOP: AMAILABLE PR COMPLETION OF DEATH?			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OR OUE TO (OR OUE TO)	ATH IN CHI	F): In the underlying cause gi 26. PLACE OF DE	ATH (Check only	PERFORMED? 1 X YES 2 NO	24b. WERE AUTOP: AMAILABLE PR COMPLETION OF DEATH?			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	B. OUE TO (OR OUE TO (OR DUE TO (OR C. DUE TO (OR d HOSPITAL: 1 Inpetient 2\(^1\) ER. 25a. DATE OF INJU	ATH IN CHI PANT DEATH AS A CONSEQUENCE O AS A CONSEQUENCE O	F): In the underlying ceuse gi 26. PLACE OF DE OTHER: 4 □ Nursing Home 5 □ Ret AE OF □ 26c. INJURY AT	ATH (Check only	PERFORMED? 1 X YES 2 NO	24b. WERE AUTOP! AMAILABLE PR COMPLETION OF DEATH? 1 YES 3			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause of the	B. OUE TO (OR OUE TO (OR DUE TO (OR C. DUE TO (OR d HOSPITAL: 1 Inpetient 2\(^2\) ER. 28a. DATE OF INJU. (Month, Day, Ye.)	ATH IN CHI PANT DEATH AS A CONSEQUENCE O AS A CONSEQUENCE O	F): In the underlying ceuse gi 26. PLACE OF DE OTHER: 4 □ Nursing Home 5 □ Res	ATH (Check only didence 5 - Ott	PERFORMED? 1 X YES 2 NO one) her (Specify)	24b. WERE AUTOP! AMAILABLE PR COMPLETION OF DEATH? 1 YES 3			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions of the cause of the	B. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. DUE TO (OR. A. DUE TO (OR. DUE TO (OR. A. DUE TO (OR. DUE TO (OR. A. DUE TO (OR. DUE	ATH IN CHI PANT DEATH AS A CONSEQUENCE OF AS A	F): 26. PLACE OF DE OTHER: 41 Nursing Home 5 Rec MORY MURY AT JURY MURY AT JURY MURY AT JURY 1 YES 2	ATH (Check only delete to the control of the contro	PERFORMED? 1 X YES 2 NO one) her (Specify)	24b. WERE AUTOP: MAILABLE PR COMPLETION OF DEATH? 1 YES 2			
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are successful to the condition of the cause of injury that initiated events resulting in death) LAST PART II. Other algnificent condition of the cause of the ca	B. DUE TO (OR. DUE TO (OR. DUE TO (OR. C. DUE TO (OR. d HOSPITAL: 1 Inpetient 2\(\times \) ER. 28e. DATE OF INJ. (Month, Day, Ye.) 28e. PLACE OF IN. building, etc.	ATH IN CHI PANT DEATH AS A CONSEQUENCE OF AS A	26. PLACE OF DE OTHER: 4 Nursing Home 5 Red EOF 28c. INJURY AT JURY M 1 YES 2 street, factory, office	ATH (Check only defence 5 Ott 28d, Di NO 28f, LC Ch	PERFORMED? 1 1 2 YES 2 NO one) her (Specify) ESCRIBE HOW INJURY OCC CATION (Street and Number by or Town, State)	24b. WERE AUTOP! AMAILABLE PR COMPLETION OF DEATH? 1 YES 2			
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditi	B. DUE TO (OR. DUE TO (OR. DUE TO (OR. C. DUE TO (OR. d. TO (OR. DUE T	ATH IN CHI PANT DEATH AS A CONSEQUENCE OF AS A	F): 26. PLACE OF DE OTHER: 41 Nursing Home 5 Rec MORY MURY AT JURY MURY AT JURY MURY AT JURY 1 YES 2	ATH (Check only defence 5 Ott 28d, Di NO 28f, LC Ch	PERFORMED? 1 1 2 YES 2 NO One) her (Specify) ESCRIBE HOW INJURY OCC CATION (Street and Number by or Town, State)	24b. WERE AUTOP! AMAILABLE PR COMPLETION OF DEATH? 1 YES 32 CURED or Aural Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditi	B. DUE TO (OR. DUE TO (OR. C. DUE TO (OR. d. HOSPITAL: 1 Inpetient 26 ER. 28a. DATE OF INJ. (Month, Day, Yabulding, etc.) 28a. PLACE OF IN. building, etc.	ATH IN CHI PANT DEATH AS A CONSEQUENCE OF AS A	F): In the underlying ceuse gi 26. PLACE OF DE OTHER: 4 Nursing Home 5 Ret AE OF JURY M 1 YES 2 Street, factory, office red at the time, data and piece, on, in my opinion, death occurs	ATH (Check only defence 5 Ott 28d, Di NO 28f, LC Ch	PERFORMED? 1 1 2 YES 2 NO One) her (Specify) ESCRIBE HOW INJURY OCC CATION (Street and Number by or Town, State) Cause(a) and manner as state and place, and due to the	24b. WERE AUTOP! AMAILABLE PR COMPLETION OF DEATH? 1 YES 32 CURED or Aural Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition of the cause of	B. DUE TO (OR. DUE TO (OR. C. DUE TO (OR. d. HOSPITAL: 1 Inpetient 26 ER. 28a. DATE OF INJ. (Month, Day, Yabulding, etc.) 28a. PLACE OF IN. building, etc.	ATH IN CHI PANT DEATH AS A CONSEQUENCE OF AS A	F): In the underlying ceuse gi 26. PLACE OF DE OTHER: 4 Nursing Home 5 Ret AE OF JURY M 1 YES 2 Street, factory, office red at the time, data and piece, on, in my opinion, death occurs	ATH (Check only didence 5 Ott 28d. Di NO 28f. LC Cil and due to the c d at the time, da	PERFORMED? 1 X YES 2 NO one) her (Specify) ESCRIBE HOW INJURY OCC CATION (Street and Number by or Town, State) rause(a) and manner as state and place, and due to the	24b. WERE AUTOPH AMAILABLE PR COMPLETION OF DEATH? 1 YES 2 CURED or Rural Route Number, led.			
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the condition of the cause of	B. DUE TO (OR. DUE TO (OR. C. DUE TO (OR. d. HOSPITAL: 1 Inpatient 2\(^2\) ERI 26s. DATE OF INJUMENTAL DE DE DE DE DE DE DE DE DE DE DE DE DE	ATH IN CHI PANT DEATH AS A CONSEQUENCE OF AS A	F): In the underlying ceuse gi 26. PLACE OF DE OTHER: 4 Nursing Home 5 Ret AE OF JURY M 1 YES 2 Street, factory, office red at the time, data and place, on, in my opinion, death occurs	ATH (Check only defence 5 Ott 28d. Di NO 28f. LC CH and due to the c d at the time, da NSE NUMBER OCM	PERFORMED? 1 X YES 2 NO one) her (Specify) ESCRIBE HOW INJURY OCC CATION (Street and Number by or Town, State) rause(a) and manner as state and place, and due to the	24b. WERE AUTOPH AMARABLE PRODMPLETION OF DEATH? 1 YES 2 CURED or Rural Route Number, ted. te cause(a) and manner E SIGNEO (Morth, Day, 1) 11/11/90			



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The Land	ate ha	lem 2
ICIAN:	ertific the Si	0
PHYS	this c	rked,
DING	After	S ma
ATTEN	CTOR:	28
OR !	DIRE	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL	VERAL	Ä: #
# HQ	A FU	DETAI
10	日本	IMP
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the, hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be death with me State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal.

	FOR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL HYGIEN	-	0 31554	
	1 - STATE REGISTRAR				ICATE				REG. NO			
,	1. DECEDENT'S NAME (First, Middle, Last) REBY D. (OCAIN									YEAR 3. TIME OF DEATH	
i	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.							11 1:	90 1:50 a.m. M		
	220-30-1128	1 M 2 X F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3 - 15 -	36	N.C.	
	9a. FACILITY NAME (If not inetitution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									Y OF DEATH		
TOF	JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORI									TIMORE		
DIRECTOR	10e. STATE 10b. COUNTY M D				LTIN			ΙΤΥ			10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	1602 N. MONTFO	RD AVE	•		10f. ZIP CODE 10g. 2 1 2 1 3					U	USA	
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE 1	TEVER IN U.S. AR YES 2 1	MED		If yes, sp		n, Mexica	IIC ORIGIN? (Specify Yon, Puerto Rican, atc.)	e or No 1	4. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		(G	CEDENT'S ive kind of Do NOT L	Work done	CCUPATIO during mo	ON st of worki	ng	18b. KIND OF BI	JSINESS/INDU	STRY	
MPL	12th		D	ISA	BLED)						
BE CO		ELL					2011623	MAT		TH		
10	WILLIE LEE OC	AIN SR	. 2	709	Ε.	FED	ERA	L S1	Poute Number, City or To Γ. – ΒΑLΤΙ		MD. 21213	
	20a. METHOD OF DISPOSITION 1	oval from State	206. PLACE ARB		S ME					OCATION — CI BUTUS	, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH AVE.											
	23. PART I. Enter the diseases, or				not ente	r the mo	de of dy	ing, suc	h aa cerdiac or rea	piratory arre	at, Approximate Interval Between	
	IMMEDIATE CALISE /Final									Onaet and Death		
ŀ	disease or condition resulting in death) a. SCD 51 S DUE TO (OR AS A CONSEQUENCE OF):									Zweeks		
z	- renal tailure bmonth											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury) CAUSE (Disease or Injury)										lamonth	
FIC.	CAUSE (Disease or Injury that Initiated events	c. C 1338 C	(OR AS A CONSE	DUENCE (OF):	cerci	3 1110	Mesc	No TICHTOL	01.91.	Grand	
FR	resulting in death) LAST	d										
	PART II. Other algolificent condition			resulting				-				
SICA	Cerebral VASO	n/Ar A	ccident			6m	onth	\ 5	1 DYES	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME											1 - YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH /C	neck only one)			
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetlent :	DOA	OTHE	R:						
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Yeer) 28b. TIME OF 28c. INJURY AT WORK? INJURY M 1 VES 2 NO								URED			
	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
COMPLETED	29e. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morrito, Day, Year)								SIGNED (Morth, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI	Liddice	ISE OF DEATH (ITE	M 27) (7)	on, Print)	Ho	pki	45	Hospita	/		
	31. DATENUTY 16 1990	Julia Die	A SIGNALIBE	82		•						
				_	_			_			DHMH-18 Rev 1/89	



YEAR

3. TIME OF DEATH

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

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13146,	
P.O. BOX	
DIVISION OF VITAL RECORDS	
OF VITAL	
DIVISION	

11-14-90 OWENS CORINE 7. DATE OF BIRTH (Month, Day, Year) 12-22-18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 087-12-4103 S.C. 1 - M 2 - X PX 71 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VENABLE 816 AVE BALTIMORE. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? MD BALTIMORE, CITY 1 XXYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. 816 VENABLE AVE 21218 USA nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 2 NO Never Married 2 Married IF YES, GIVE WAR OR DATES 1 | YES 2 X XNO Specify: Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
We. Do NOT use retired.) 15. OECEDENT'S EDUCATION pecify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (So) Elementary/Secondary (0-12) College (1-4 or 5+) 9th HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) OWENS BEN notified at HESTER SPRY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROMEO OWENS 816 VENABLE AVE. - BALTIMORE MD. Pe 20a, METHOD OF DISPOSITION

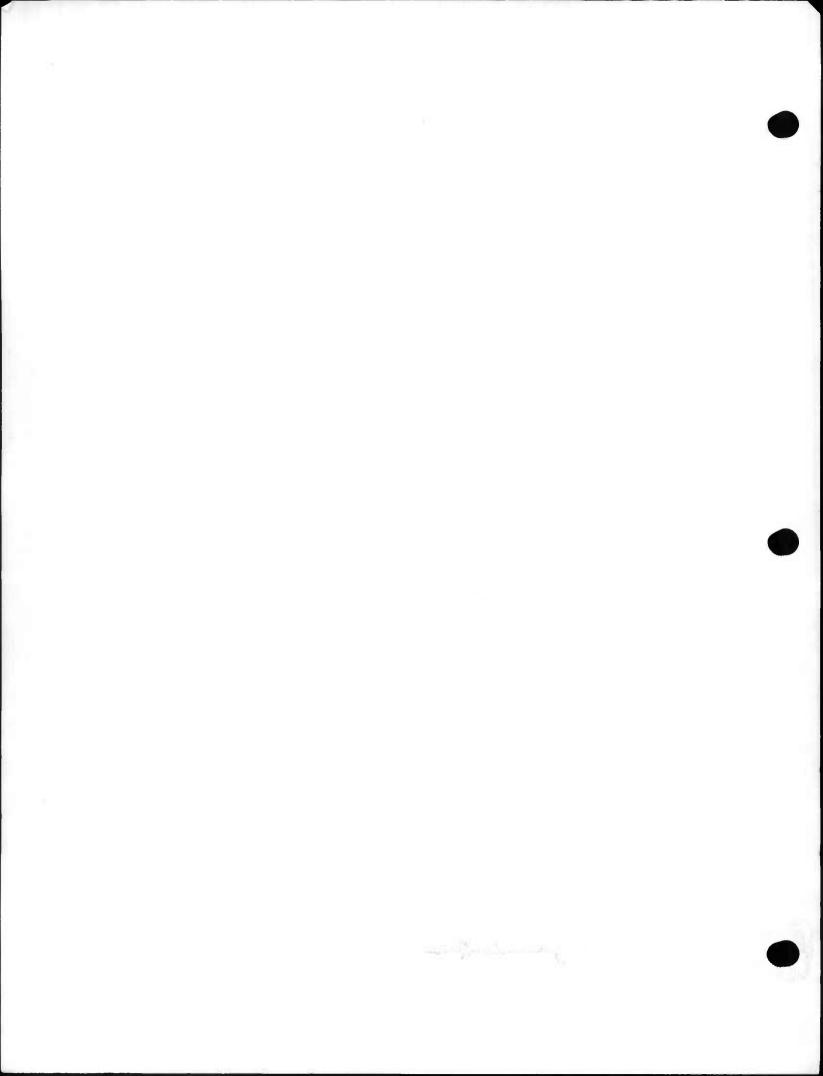
KIXBurial 2 Cremation 3 Re 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State must ARBUTUS MEMORIAL PARK 4 Donation 5 Other (Specify) ARBUTUS. examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH AVE medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition aldial alles resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF Failul gesture traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Mypoetenson shows any COMPLETION OF CAUSE 1 YES 2 NO phrema Setti 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem ? 26. PLACE OF DEATH (Check only one) PE HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY FUNERAL DIRECTOR; After t within 72 hours after death 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED | 3 Suicide 60 6 Could not be determined Item 28 4 Homicide 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE berou 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE
JULIA DAVIDSON-RANDAMA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OFFICIAL MEDITION OF A TIME INVESTIGATION IN THE CONTINUES THE CONTINUES AFTER THE CONTINUES AFTER THE CONTINUES OF THE CONTIN
the death certificate be executed within 22-mouns after death. Page 6 may be in y the attending physician and completely filled in by the funeral director, page 5 nd Mental Hygiene prior to burial, cremation, or removal. Injury, or other traumatic event, the medical examiner must be no
the death certificate be executed within 23-mours after death. Page 6 is the attending physician and completely filled in by the funeral direction Mental Hygiene prior to burial, cremation, or removal. Injury, or other traumatic event, the medical examiner must
the death certificate be executed within 22-mours after death, by the attending physician and completely filled in by the hiner and Mental Hygiene prior to burial, cremation, or removal. Injury, or other traumatic event, the medical exami
the death certificate be executed within 2-mous at y the attending physician and completely filled in by nd Mental Hygiene prior to burial, cremation, or reminjury, or other traumatic event, the medic
t the death certificate be executed within 2 y the attending physician and completely find Mental Hygiene prior to burial, crematio injury, or other traumatic event, th
the death certificate be executed by the attending physician and could Memtal Hygiene prior to burial injury, or other traumatic of
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the death cy the attending Memai Hy injury, or
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SPITAL OF HERAL DIF No. 72 hou IT: II No.
TO THE HO! TO THE FU! TO THE FU! TO THE FU! TO THE HO!

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEA

	2. DATE OF DEATH	3. TIME OF DEATH
EATH	REG. NO.	
	05/21/44 90 MENTAL HYGIENE	31556
4	246 82 31	A

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				IENE NO.	31,330
1. OECEDANT & NOME (First Middle Last)	HAR	RY FRANK			2. DATE OF DEA		3. TIME OF DEATH 7:20 P M
264-68-8378 X	[XΩ M 2 □ F 4		F UNDER 1 YEAR DATHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, W 5-21-4	'H 6, I	BIRTHPLACE (State or Foreign Country) Vashington DC
9a. FACILITY NAME (If not institution, give stre THE JOHNS HOPKIN		9	BALTI	MORE CI	TY	9c. COUNTY BALT	OF DEATH IMORE CITY
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Mary land N/A			1timore				10d. INSIDE CITY LIMITS? 1 XXES 2 \(\text{\text{\$\sigma}}\) NO
10e. STREET AND NUMBER		D a.		ZIP COOE 21218		10g. CITIZEN	OF WHAT COUNTRY?
1225 Southview Ro	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	NO MAY	If yes, spe	ENDENT OF HISPAN ecity Cuben, Mexica XX NO Specifi	n, Puerto Rican, et	Ify Yee or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
1s, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during mo etired.)	st of working	11	OF BUSINESS/INDUST	TRY
12 17. FATHER'S NAME (First, Middle, Lest) Frank Osman		Producti	on A8S	16. MOTHER'S NA	ME (First, Middle, Men Sechr		
19s. INFORMANT'S NAME (Type/Print) Lewis E. Myrick				nd Number or Rural	Route Number, City	or Town, State, Zip Cod	and 21218
20s. METHOD OF DISPOSITION 1 General 2 Witch Specify 4 Donetion General Control of Contr	val from State	PLACE OF DISPOSIT other place) Greenmoun				oc. LOCATION — CHy Baltimore	or Town, State , Maryland
21. SIONATURE OF FUNERAL SERVICE NCE Dennis S. Xen	rue ha			o AODRESS OF FA		ome 6500 y	York Rd 21212
23. PART I. Enter the diseases, or complete about, or heart feilure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	lat only one cause on e		vage	de of dying, euc	h ea cardlac pr	reapiratory arrest	interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Brain DUE TO (OR AS A PML	CONSEQUENCE OF):					Weeks Weeks
that initiated events reaulting in death) LAST		CONSEQUENCE OF):					
PART II. Other algorificant conditions	contributing to death b	out not reaulting in	the underlyin	g cause given in	P	MS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINOS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL, EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA 4	OTHER:	LACE OF DEATH (C/		(v)	
27. MANNER OF OEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	9 % 28b. TIME	OF 28c. IN.	URY AT ORK? YES 2 NO		HOW INJURY OCCUP	RED
2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER	and Car	Ċ		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	SAPIC	THIA	rine) 60	0 N. L	NO CF	IFE 3	21805
31. DATE FILEO (Month, Day, Year) NOV 1 6 1990	32. FEGISTRABIS SIGN	ATURE Andres					

BALTIMORE, MARYLAND 21203-3146

ML RECORDS, P.O. BOX 13146,

he law requires that the death certificate be executed within DIVISION OF
TO THE HOSPITAL OR ATTENDANG PHE
TO THE FUNERAL DIRECTOR: After
De filed within 72 hours

	rmit. Pages 1, 2, 3 should	
al or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, (and the course after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.	
he line requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital or attending physic	or, page 5 should be detached	ist he notified at once
n zecours after death. Page 6	ly filled in by the funeral direct ation, or removal.	the marked or item 22 change any injury or other traumatic event the medical examiner must be notified at once
n certificate be executed within	nding physician and complete Hygiene prior to burial, crema	or other traumatic event
The law requires that the death	e has been signed by the atter te Dept. of Health and Mental	m 23 chowe any injury
OR ATTENDING PIPE	DIRECTOR: After this certificat ours after death with the Sta	of no marked or its

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MA					EALTH AI			YGIENE	E	U	31337
	1. DECEDENT'S NAME (First, Middle, Last)								2. OATE OF D	EATH			3. TIME OF DEATH
i	ALBION	K		DAI	RRTS	TTT			MONTH //	DAY	4	90	0250 M
1	4. SOCIAL SECURITY NUMBER	5. SEX (6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER 24 I		7. DATE OF BI	RTH (her)			PLACE (State or Foreign
	213-03-2754	1 X XM 2 □ F	79	YRS.	MONTHS	DAYS	HOURS	WIN.	8-25	-11			hington DC
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCATION	OF DEAT	тн		9c. COU	NTY OF D	EATH
PO	UNION MEMORIAL	HOSPITAL			BAI	TIM	DRE CI	·πv				N/A	
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					T	10d. INSIDE CITY LIMITS?
E	Maryland Balt	imore		Co	ockey	svil	.1e						1 TYES XIX NO
AL	in, STREET AND NUMBER 101, ZIP CODE								10g. CIT	IZEN OF W	VHAT COUNTRY?		
BY FUNERAL DIRECTOR	10703 Cardington						2103				USA		
5	11. MARITAL STATUS 1 Never Married MM Married	12. WAS DECEDENT FORCES? 1		MED O	21	yes, spe	cify Cuban, N	Mexican,	ORIGIN? (Sp Puerto Rican,		or No-		— American Indian, c, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WA	WWII		1	YES	XX NO	Specify:				Speci	White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade		18a. DEG	CEOENT'S	USUAL OC	CUPATIO	N st of working		16b. KINI	OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)								
MP		4	E	xecı	ıtive	Dir	ector					ssoci	ation
8	17. FATHER'S NAME (First, Middle, Last) Albion Keith Par	mio In							E (First, Middle		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	TIS JI.	198	. MAILING	ADDRESS	(Street a			Fitch		r. Statu. Zi	o Code)	
2	Mary L. Parris		100						Cockey				21030
1	20a. METHOD OF DISPOSITION 1 □ Burial 2 ※ Cremation 3 □ Ram		Job. PLACE (OF OISPO								City or To	
	4 Donation 5 Other (Specify)	0 / /	100		ınt C					Ba1	Ltimo	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE US				22.	NAME AN	D ADDRESS	OF FACI	LITY				
	Dennis Steph	Xenaki	LS		Mi	tche	11-Wi	edei	fæld H	ome	6500) Yor	k Rd 21212
	23. PART I. Enter the diseeses, or cahock, or heert fallure.				not enter	the mo	de of dying	, such	as cardiac	or reepi	retory ar	reat,	Approximate Interval Setween
	IMMEDIATE CAUSE (Fine)					,							Onset and Death
	disease or condition resulting in deeth)	. Kest	OF AS A CONSEC	40	RAILES	<i>s</i> t							
	_	~	LUMEN		r):								İ
Ó	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEC		HF):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c Ce?											
	that initiated events resulting in deeth) LAST	OUE TO (OR AS A CONSEC	DUENCE C	NF):								
CERTIFICATION		d. CAID	, 										1
	PART II. Other aignificent condition	e contributing to c	death but not r	esulting	in the un	deriyin	g ceuse giv	en in P	Part i. 24s	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC									_ 15	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME									_				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	r				00.00	ACE OF OEA	TH #01	-t				
200	EXAMINER?	HOSFITAL:	ER/Outpatient 3	□ DOA	OTHER	R :			Other (Sp	activ)	17		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF I	INJURY	28b. TII	WE OF	28c. IN.	URY AT	Y	28d. OESCRIE		NJURY O	CCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	y, rear)	075	JURY M		PRK? YES 2	NO					
	3 Suicide 8 Could not be	28a. PLACE OF building, o	F INJURY — At ho etc. (Specify)	ma, farm,	street, fact	tory, offic			281. LOCATIO City or To	N (Street a		er or Rural I	Route Number,
ETE	4 Homicide detarmined												
COMPLETED	(Critical Critis)	ICIAN: To the best of r											
Ö	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or	Investigati	on, In my o	opinion, o	leath occured	f at the ti	ime, data and	place, an	d dua to t	the cause(a) and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIE	H)					29c. LICENS	SE NUME	BER		29d. DA	TE SIGNED	(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLS	E DE DEATH (ITE	M 273 /3-	a Bright							411	41,40
	3501, 8t Paul 8			m 27 (190	· (.)	ud	213	219	3			,	
	31. DATE FILEO (Month, Day, Year)	32 DEGISTRAS	D'S SIGNATION		1	9 , •.							
	NOV 1 6 1990	Julia Dav	idson-Man	dell									
				-									OHMH-16 Rev 1/89

DOZON PRINCIPLE ROMPTING DATE DROVE CETY

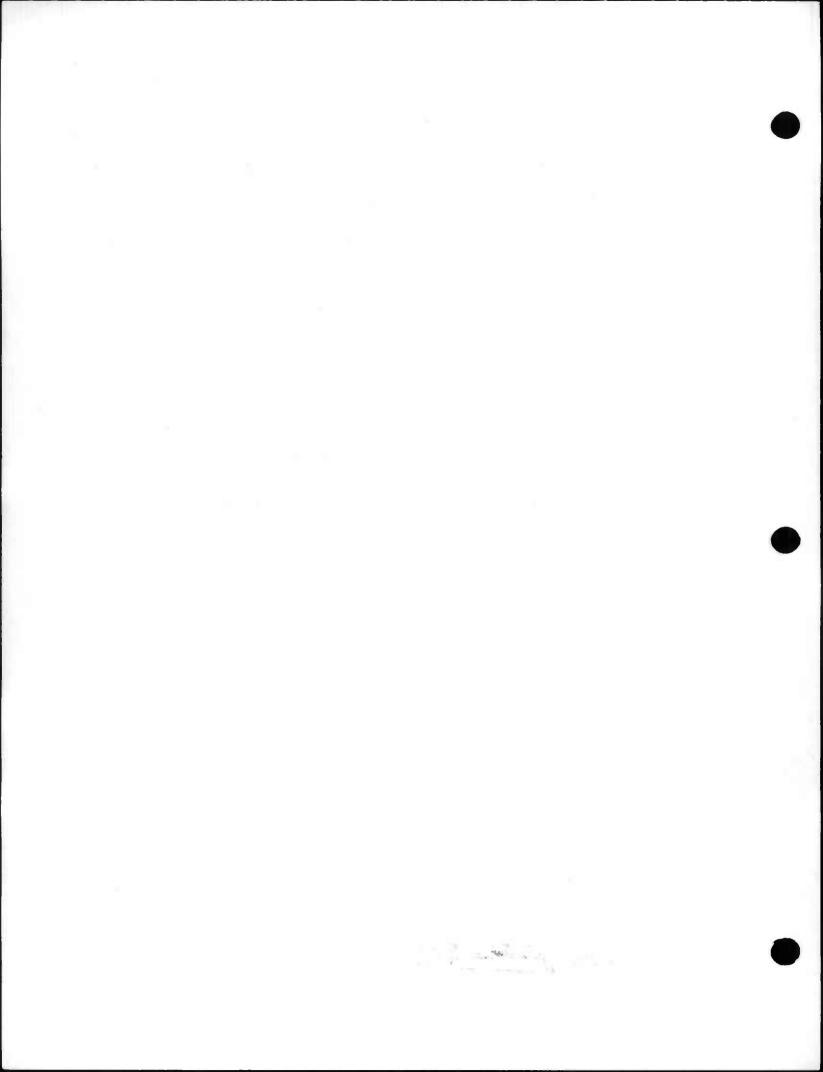
BALTIMORE, MARYLAND 21203-3146 Frours after death. Page 6 may be retained by the hospital or attending physician.

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	certificate
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4	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR APPENDING PHYSICIAN: The law requires that the death certificate be executed within
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	,	STATE OF MAR				HEALTH AND		GIENE		
1. DECEDENT'S NAME (First,					-		2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH
William	A. Po	indexto	20-				MONTH / /	12	90	9:20 AM
4. SOCIAL SECURITY NUMBER			GE (In yrs. lest I		NTHS DAY		7. DATE OF BII (Month, Day,	Mari	Count	HPLACE (State or Foreign
577-44-8			80		CITY TOM	/N OR LOCATION OF D		6-19	COUNTY OF E	F 9
	_			,		IMORE	EATH	1~		ZEATT
Loch Raven		icai cente	15				*			
10a. STATE MD	10b. COUNTY				OWN OR LO					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				Bali	timor	101. ZIP CODE		10	a. CITIZEN OF	1 VEY YES 2 NO
0 11	urora	Lane.	Ant	D		2/20	7	130	4.	S.A
11. MARITAL STATUS	12	. WAS DECEDENT EVE	R IN U.S. ARM	ED		DECENDENT OF HISPA			No- 14. RAC	E — American Indian,
1 Never Merried 2 X 3 Widowed 4 Divo		FORCES? 1 OF Y	R DATES	,		, specify Cuben, Mexic YES 2 NO Spec		e(C.)		Black
15. DEC (Specify onl	EDENT'S EDUCAT y highest grade con	ION npleted)	(G/vi	e kind of worl	UAL OCCUP	ATION most of working	16b. KIND	OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (()-12)	College (1-4 or 5+)	ille. L	Do NOT use r	etired.)		Ba	140	P.O.	
17. FATHER'S NAME (First, M	liddji() Last)					18. MOTHER'S N	AME (First, Migldle,	Maiden Sum	name)	
William	Poinder	x fer				Marth		ders		
verdel	F. Pol	ndexter	196.	340 -	1	eet and Number or Rura VIII Ca		y or Town, SI	1 . 0	1th red 21207
20s. METHOD OF DISPOSIT 1 Dental 2 Crematic 4 Donation 8 Donation	on 3 🗆 Remove	from State	20b. PLACE O other place	(0)	ION (Name o	cemetery crematory or	Vet	200-LOCATI	ION — City or T	byn, State Hill, pd
21. SIGNATURE OF TUNERA		SEE	,	Ciw		E AND ADDRESS OF F	ACILITY	1001	73	1110,
1964	tia 9	- hron			Mo	ach 1.	= # W	Dest.	blach	Are
23. PART I. Enter the d		nplications that cau		th. Do not	enter the	mode of dying, su	ch as cardisc o	or respirate	ory srrest,	Approximate interval Between
IMMEDIATE CAUSE (Fig	nei									Onset and Death
disease or condition resulting in death)	→ s	Respir DUE TO (OR	ato,	7	Fail	ure				P
										41.
Sequentisity list condit if sny, leading to imme	Huiste 🔳	Previous DUE TO (OR								
cause. Enter UNDERLY CAUSE (Disease or Inju	ing a	Aspired DUE TO (OR)	Yon							
that initiated eventa resulting in death) LAS	т	Mented	AS A CONSECT	DENCE OF):	. 1-	10-				201
	d	/11E2016	212	105	ae	cline				1 63,
PART II. Other significa								WAS AN AUT		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
US BIECE	4	I faiture	- he	pert	40	014 6	10	YES 2	NO	COMPLETION OF CAUSE DF DEATH?
possible.	drug r	Kh.					-			1 TYES 2X NO
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
EXAMINER? 1 VES 2 NO HOSPITAL: 1 OTHER: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
27. MANNER OF DEATH		26a. DATE OF INJU (Month, Day, Ye	IRY ear)	28b. TIME (TY	. INJURY AT WORK?	28d. DESCRIB	E HOW INJU	RY OCCURED	
1 DK Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO										
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
296. SIGNATURE AND TYPE OF CERTIFIER 29d. DATE SIGNED (Mgrith, Day, Year)										
John Patella M.D. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
JU. NAME AND ADDRESS O	TEHSUN WHO	COMPLETED CAUSE OF	P DEATH (ITEM	1 27) (Type, P	nnt)					
31. DATE FILED (Month, Day,	, Year)	32, REGISTRAR'S	SIGNATURE				-			
NOV 1 C	1000	Sellie Sainder	Bond	10						
u MAX TO	1990 Z									DHMH-18 Rev 1/89



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1 -	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		NTAL HYGIENI REG. NO.	E 50	O	1000
1. 0	DECEDENT'S NAME (First, Middle, Last)	ia Shanno	n Patterson		DATE OF DEATH DATE 11-12-9	у уе. О	AR	ME OF DEATH : 44PM M
	SOCIAL SECURITY NUMBER 214-27-8488	5. SEX 6. AGE (in yrs. lest	YRS. 11 2	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 2/11/89		IRTHPLAC Country)	E (State or Foreign
	FACILITY NAME (If not institution, give at Johns Hopkins Ho ESIDENCE OF DECEDENT			ltimore C		9c. COUNTY	OF OEATH	
	I. STATE 10b. COUNTY		BALTIMOF					INSIDE CITY LIMITS? YES 2 \(\) NO
FUNERAL	125 COLVIN ST	. APT-10F	101	21202		10g. CITIZEN		
	MARITAL STATUS Mever Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	O If yes, sp	ENOENT OF HISPANIC ecify Cuben, Mexican, I 2 NO Specify:			Black, Whi	merican Indian, te, etc. BLACK
	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gh	CEDENT'S USUAL OCCUPATION WITH MINING THE MI	ON ost of working	16b. KIND OF BUS	INESS/INDUST	RY	
17.	FATHER'S NAME (First, Middle, Last)	LWOOD	CHILD	18. MOTHER'S NAME TAMMY	(First, Middle, Malden PATTER			
B 194	LINFORMANT'S NAME (Type/Print) TAMMY PATTERS	ON 1	MAILINO ADDRESS (Street of 25 COLVIN	ST. APT				MD.21202
1 5	n. METHOD OF DISPOSITION Burlal 2 Cremetion 3 Rem Donation © Other (Specify)	val from State 20b. PLACE V 005 H	ELL MEMORI	Metery, cremetory or IAL GARDI		CATION — City TIMOR		
21.	SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7111 2000 10	ND ADDRESS OF FACIL MARCH I		01 F.	N OR	TH AVF.
IIV di	IMEDIATE CAUSE (Final	omplications that caused the de- list only one cause on each line. . CAPDIAC ARRHYTHMIA DUE TO (OR AS A CONSEC	IN ASSOCIATION					Approximate interval Between Onset and Death
FICATI	equentially list conditions, any, leading to immediate lusse. Enter UNDERLYING AUSE (Disease or injury let initiated events resulting in death) LAST	OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE						
MEDICAL	ART II. Other significant condition	contributing to death but not n	esulting in the underlyin	g cause given in Pa	1 24e. WAS AN PERFOR	MED?	COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE SEATH? YES 2 NO
PHYSICIAN:	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetiont 2XXER/Outpetiont 3	OTHER:	LACE OF DEATH (Check				
	MANNER OF DEATH 1 Neturel 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.	ORK?	ed. OESCRIBE HOW I			COCAINE
8	2 Accident 3 Suicide 4 Homicide Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, factory, offic HOME	ce 2	81. LOCATION (Street of City or Town, State) BALTIMERS	OHY	Tural Boute	Number 10
COMPLET	(Orlect Orly	CIAN: To the best of my knowledge, de R: On the basis of examination and/or					use(s) and	manner as stated.
E 29	STONATURE AND TITLE OF CENTRUM	inn	2.8	29c, LICENSE NUMB OCME	_	29d. DATE SI	ONED (Mor	
P 30	FRANK PERETTI, MC		M 27) (Type, Print) L11 Penn Str	eet,Baltin	more,MD 2	1201		

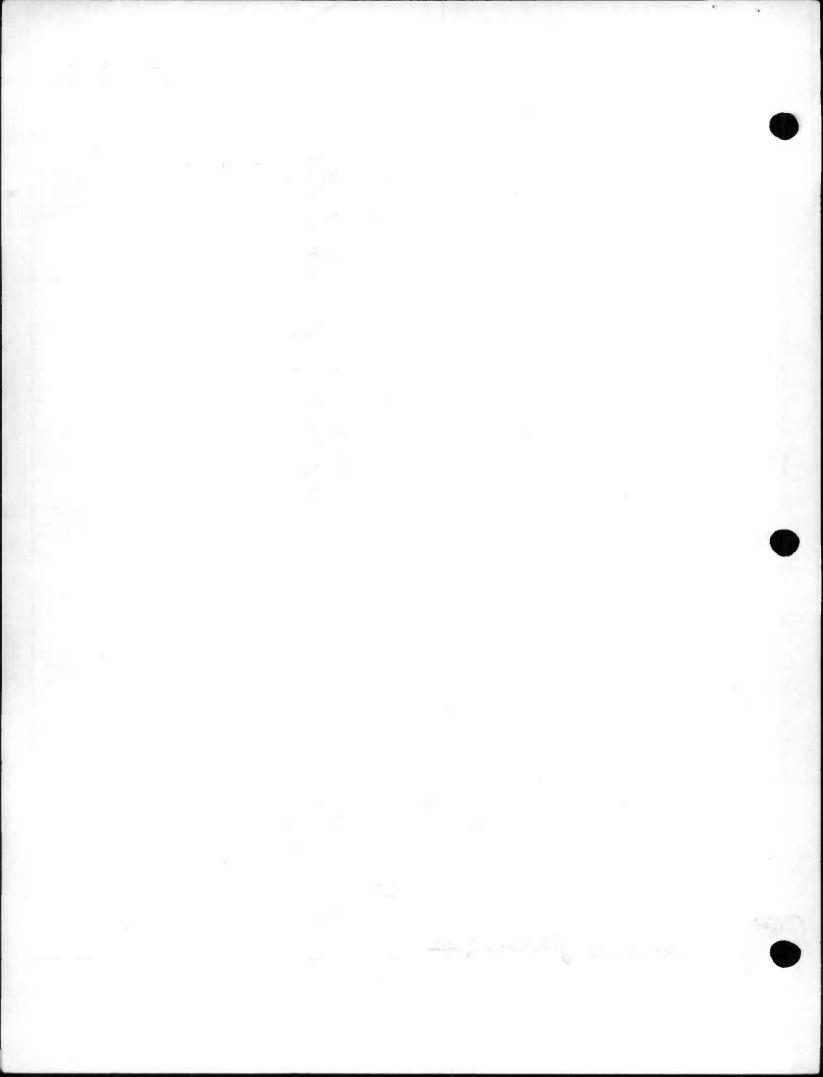
31. DATE FILED (Month, Day, Year)
NOV 1 6 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2011-2011s after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	hou	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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69262 90058711 FOR / CS STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 11 - STATE CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH

7 45 Row M Ringgold 90 0451A OUSIA 1146 IF UNDER 1 YEAR IF UNDER 24 HRS. A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthday) 7. DATE OF BIRTH 9. BIRTHPI ACE (State or Foreign 16-16-9 31 -05 1 M 2 XF Se. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR FAIT MOUNT t. more 10s. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Stimone C 1 TES 2 NO WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 542 S.H. 212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TONO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, Whits, etc. 11. MARITAL STATUS If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 🗌 Divorced 18a, DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done during most life. Do NOT use retired.) Elementary/Seco dary (0-12) College (1-4 or 5 +) Th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Mosb R BE INFORMANT'S NAME (Type Rd-OUN 21239 md METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name Cremation 3 - Removal from State Burial 2 Cemeteri 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ave 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiec or **Approximate** ahock, or heart feilure. List only one ceuse on each ilne. Interval Between Onset and Death IMMEDIATE CAUSE (Finel OKE 12,4015 disesse or condition resulting in death) QUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate e. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: nt 2 - ER/Outpatient 3 - DOA 1 YES 2 NO ng Home 8 - Residence 8 - Other (Specify) 27 MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Naturel М 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29s, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEOICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occ 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3 drem 1 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRARIE SIGNATURE

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31. DATE FILED (Month, Day, Year)

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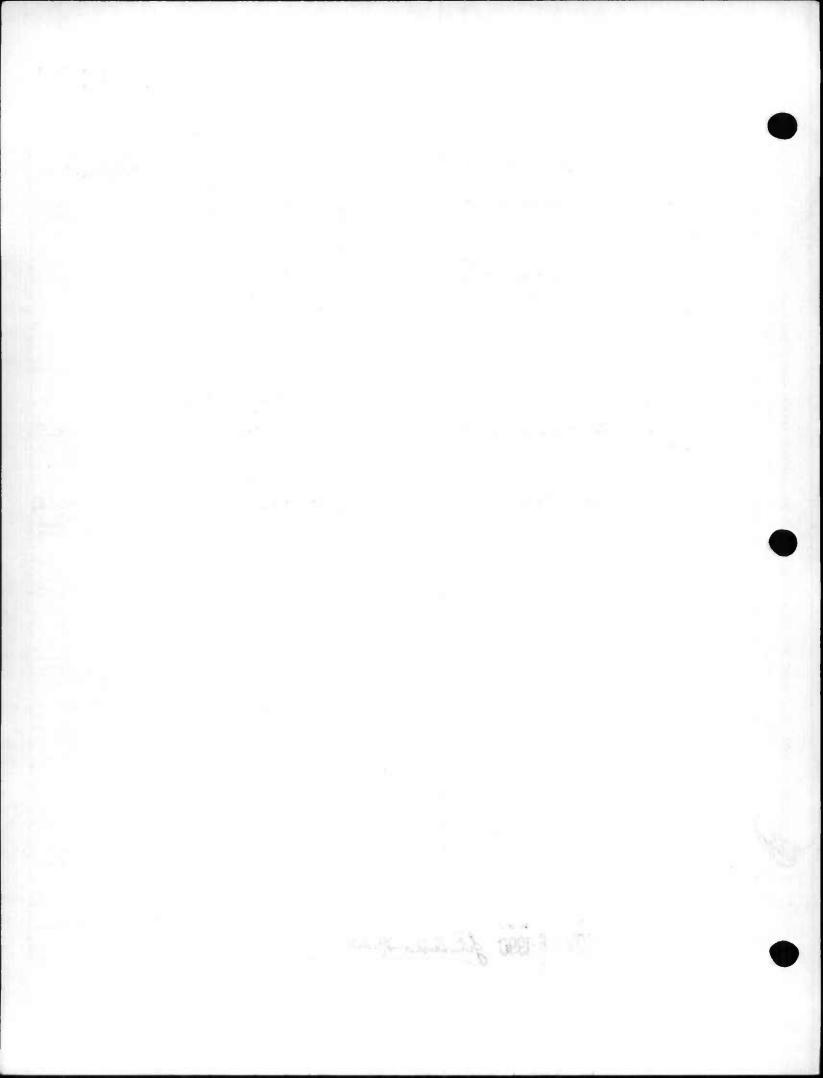
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ter death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	of examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HIGH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL COTTON After this certificate has been signed by the attending physician and completely filled in by the further filled within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR	STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYCIEN	9	0 31561			
	1 - STATE REGISTRAR			OF DEATH	REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last) MARY -	RANSO	m		2. DATE OF OEATH MONTH D	7 - 90	3. TIME OF DEATH			
	212-32-1649	5. SEX 8. AGE (In yrs. Ia	yrs. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year)	1906	MATHPLACE (State or Foreign ountry) MATH AM			
TOR	9e. FACILITY NAME (If not institution, give stre	hen Stapte	07 B	Allimore	City	9c. COUNTY	OF OEATH			
DIRECTOR	10a STATE 10b. COUNTY		10c. CITY, TOWN O	R LOCATION	2)		10d. INSIDE CITY LIMITS? 1 Pres 2 No			
FUNERAL	301 mc meal	hen St A	st 607	101. ZIP CODE 2/2/	17	10g. CITIZEN	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Newer Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U. A. FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (0	ECECENT'S USUAL OG Give kind of work done on B. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUST	RY RY			
APLI	ciementary/secondary (U-12)	College (1-4 or 5 +)	URSE	5 Aid	1	1050				
BE CON	16 FATHER'S NAME (First, Middle, Leat) 19 MOTHER'S NAME (First, Middle, Malden Sygniffine) 10 MOTHER'S NAME (First, Middle, Malden Sygniffine) 11 MOTHER'S NAME (First, Middle, Malden Sygniffine)									
0	199. INFORMANT'S NAME (Type/Print)	11	b. MAILINO ADDRESS	(Street and Number or Jural	Boute Aumber, City or Tov	m, State, Zip Coo	r			
	20a. METNOD OF DISPOSITION	NA TYREO	21254	me of compliant, crematory on	ry.51.15	MIO	md.21223			
	1 Burial 2 Cremation 3 Ramon	rai from Stata	SPPN a	SAP	200. L	CATION — City	or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	22.	NAME AND ADDRESS OF FA	CUS FO	Nern	Home			
	23. FART i. Enter the diseases, or co	emplications that caused the d	eath. Do not enter	the mode of dying, aug	th se cardiec or reso	iratory arrest.	Approximate			
	ahock, or heert fellure. List only one cause on each line.									
	immediate cause (Final disease or condition resulting in death) • Probable Myr causeled Infrarctum Due to (or as a consequence of): Alburosclerofic Coronary Artery Disease b. Alburosclerofic Coronary Artery Disease									
z	Atherosclerotic Coronary Asterny Disease									
CERTIFICATION	If any, leading to immediate									
5	CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF .							
E	that initiated events resulting in death) LAST	222 10 (01110 11 001100	TOOLINGE OF J.							
2	DA DY II Cobes significant and distance									
₹	PART II. Other aignificent conditiona	con longes he	resulting in the un	Follow	Part I. 24a. WAS AI PERFO	RMED?	24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDICAL	119/10 60131	, corporer	7,000	1 22 1000	1 YE\$	2 NO	OF DEATH?			
2							1 YES 2 NO			
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)					
YSIC	1 XYES 2 NO	HOSPITAL:	OTHES	6 Other (Specify)						
PH	27. MANNER OF DEATH 1 Notural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUR	EO			
BY	2 Accident Investigation	25e. PLACE OF INJURY AI h	M	1 YES 2 NO	201 I OCATION /Sware	28f. LOCATION (Street and Number or Rural Route Number,				
9	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	tollo, tellit, ellest, lest	iory, ornos	City or Town, State)	LUTE MONION,			
COMPLETED	anal and	IAN: To the best of my knowledge, o								
8		On the basia of examination and/or								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	to Tomous		29c. LICENSE NU		29d. DATE SI	GNEO (Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)							

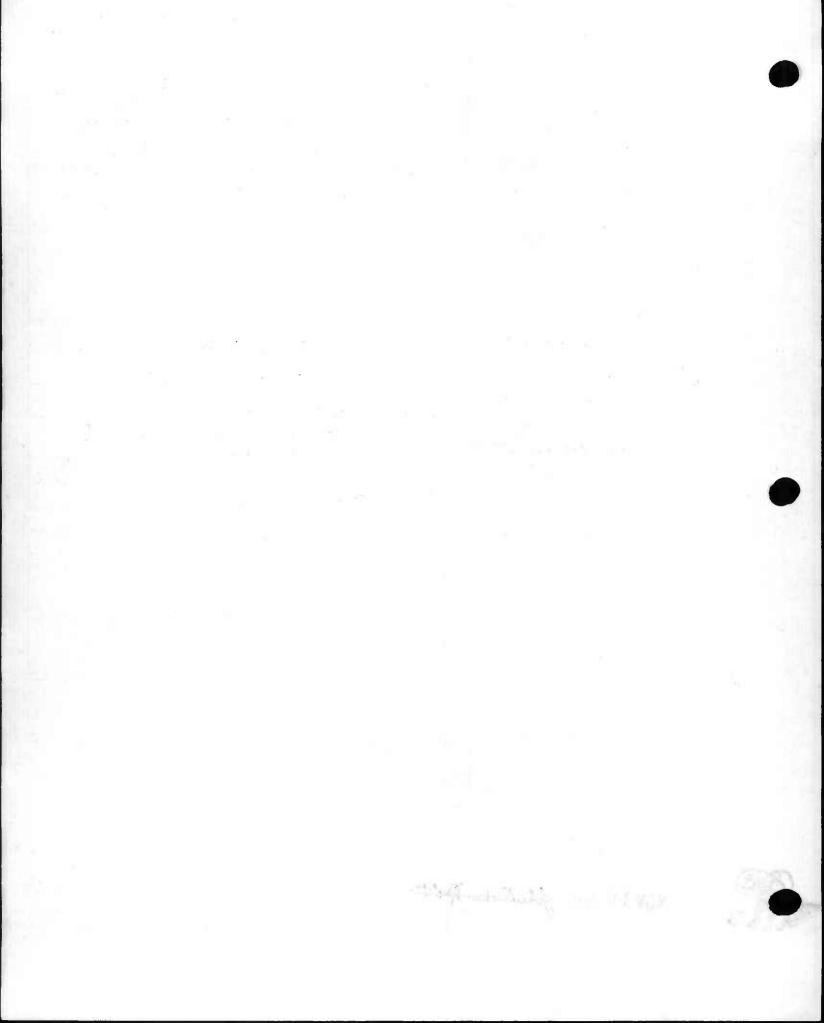


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1. DECEDENT'S NAME (First, Middle, Lest) ROSA C. Rapp 2. DATE OF DEATH MONTH DAY 1990 3. TIME OF											3. TIME OF DEATH		
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	_	IF UNDER	1 YEAR	IF UNDS	R 24 HRS.	7. DATE OF BIR	пн	a. BIRT	HPLACE (State or Foreign
	216 09 18	344	1 M 2 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	3-1904	Ma	® ssachusett
	9a. FACILITY NAME (If not	institution, give	street and number)			9b. CITY	TOWN	OR LOCAT	ION OF D			9c. COUNTY OF DEATH	
	2419 Hali	fax C	ourt			Pa	sad	ena			A	nne .	Arundel
	RESIDENCE OF DE	10b. COUNT	ΓY		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
	Maryland	Ann	e Arundel		Pasadena							1 YES 2 V	
- 15	10e. STREET AND NUMBER		C III WINC.		Pasaderia 101. ZIP CODE						10g. C	TIZEN OF	WHAT COUNTRY?
T I	2419 Ha	alifax	Court					21	122			U.S	.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Mandad		NT EVER IN U.S. AF						NIC ORIGIN? (Spe	cify Yea or No— etc.)	14. RAC Blac	E — American Indian, ck, White, etc.
à l	3 Wildowed 4 Div			WAR OR DATES					Specifi Specifi			Spe	White
2	15. DE	CEDENT'S ED	UCATION	16a, DI	CEDENT'	S USUAL O	CCUPATI	ON		16b. KIND	OF BUSINESS/I	NDUSTRY	
i	(Specify or Elementary/Secondary	nly highest grad (0-12)	College (1-4 or 6	i+) #6	(Give kind of work done during most of working life. Do NOT use retired.)								
COMPL	12th Grade				Seams	stres	S						
	17. FATHER'S NAME (First,		-l- D >: -	11				1		ME (First, Middle,)	
n n	19a. INFORMANT'S NAME		ck F. Mul		h 8440	C ADD	0 /04-		Rose	Stuar Route Number, Ch		710 0	
2	John Brow					Hali				Pasader			3 21122
	20a. METHOD OF DISPOSI	TION		20b, PLACE	OF DISPO						20c. LOCATION		
	1 X Burial 2 Cremat 4 Donation 5 Other	other p	lece)	re Na							Maryland		
	21. SIGNATURE OF FUNEA	AL SERVICE L	ICENSES	li			NAME A	ND ADDR	ESS OF FA	CILITY			
	>C. K	· Ka	169	Jone	0					once Fu			P.A. Md. 21225
CERTIFICATION								PF:					5 ys
MEDICAL	PART II. Other significent conditions contributing to death but no					In the u	nderlyir	ng cause	given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
AN I	25. WAS CASE REFERRED	TO MEDICAL					28 E	N ACE OF	DEATH (C	heck only one)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu	R:			6 Other (Spec	c/fv)		
ੋਂ∥	27. MANNER OF DEATH		26a. DATE C	OF INJURY Day, Year)	26b. TI	-	28c. IN	JURY AT			HOW INJURY	OCCURED	
BY	1 Natural 5 2 Accident	Pending investigation		Duy, roury		M		YES 2	□ NO				
	a Charleton -	Could not be determined		OF INJURY — At h g, etc. (Specify)	ome, farm	, street, fac	tory, offi	ca		281. LOCATION City or Town	(Street and Num n, State)	ber or Rura	Route Number,
TO BE COMPLET	one)	DICAL EXAMIN						death occ		e time, date and p	place, and due to	the cause	(a) and manner as ste (b) Day, Year)
F	30. NAME AND ADDRESS	Laug	HO COMPLETED CA	M O		708	m	lour	n ta	in A.	el Fa	isai	deus pe
	31. DATE FILED (Month, De NOV 16	1990	32. REGISTI	RAR'S SIGNATURA	J.	100	///	ou	n ta	en Co	er (fa	/sa	della

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retail	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 show attending to burial, cremation or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Honth, Day, Year)
NOV 16 1990

ITEMS:23,27 per ME

one) 2 MADICAL EXAMINER	On the basis of ayamin	ation and/or investigation		c. LICENSE NUM			SIGNEO (Month, Day, Year)
(Check only 1 CERTIFYING PHYSICE	IAN: To the best of my k						
3 Suicide 6 Could not be determined	building, etc. (281, LOCATION (Street City or Town, State)	
MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yes	ir) inju	M 1 YES	AT NO	28d. DESCRIBE HOW	INJURY OCCUI	RED
NOXIES 2 □ NO	1 Inpatient 2 DEN	Outpatient 3 DOA	4 - Nursing Home 5				
	HOSPITAL:		26, PLACE	OF DEATH (Che	ck only one)		1
					PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
d. PART II. Other significant conditions	contributing to deat	h but not resulting in	the underlying ca	use given in f	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING
I any, leading to immediate sause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST		S A CONSEQUENCE OF)					
Sequentially list conditions,	100000	S A CONSEQUENCE OF)					
shock, or head failure. L! MMEDIATE CAUSE (Final	MYOCARDITI	S					Interval Betwee
3. PART I. Enter the disaption, or co	mula U	Sed the deeth. Do no		lyFune	eralHome		ceAve.2122
Donation 6 Other (Specify)	ral from State	other place of DISPOSIT SacredHe	eart ofJ	esus (Cemetery		alto.Md.
David MacGreg							yland 2120
a. INFORMANT'S NAME (Type/Print)				umber or Rural Ro	oute Number, City or Tow	n, State, Zip Co	ode)
Jose Angel Ro	sario				Lynn Ma		or
FATHER'S NAME (First, Middle, Last)				MOTHER'S NAM	IE (First, Middle, Malden	Surname)	
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	(TION ompleted) College (1-4 or 5+)	1	SUAL OCCUPATION rk done during most of retired.)	working	16b. KIND OF BU	SINESS/INDUS	тну
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR OF	DATES	1 🗌 YES 2	Cuben, Mexican, NO Specify:			Specify: White
	12. WAS DECEDENT EVE				C ORIGIN? (Specify Yes		SA RACE — American Indian, Black, White, etc.
1008 Hewitt W	I D X X		10f. ZIP				OF WHAT COUNTRY?
Md.			Baltim				1 NO YES 2 NO
n. STATE 10b. COUNTY	777	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
Francis Scott Key	Medical (Center	Ba.	timore	City		
. FACILITY NAME (If not institution, give street			b. CITY, TOWN OR LO		TH	9c. CDUNTY	
217-29-4523	1√2 M 2 🗆 F	O YRS.	ONTHE DAYS HO	MS MIN.	(Month, Day, Year) July29,		MAryland
Jose' Angel	5. SEX 6. AG	Rosario	0 2 1	INDER 24 HRS.	11-12-9		10:06AM BIRTHPLACE (State or Foreign
DECEDENT'S NAME (First, Middle, Last)	100		_		2. DATE OF DEATH DO	W Y	3. TIME OF DEATH

DHMH-16 Rev 1/89

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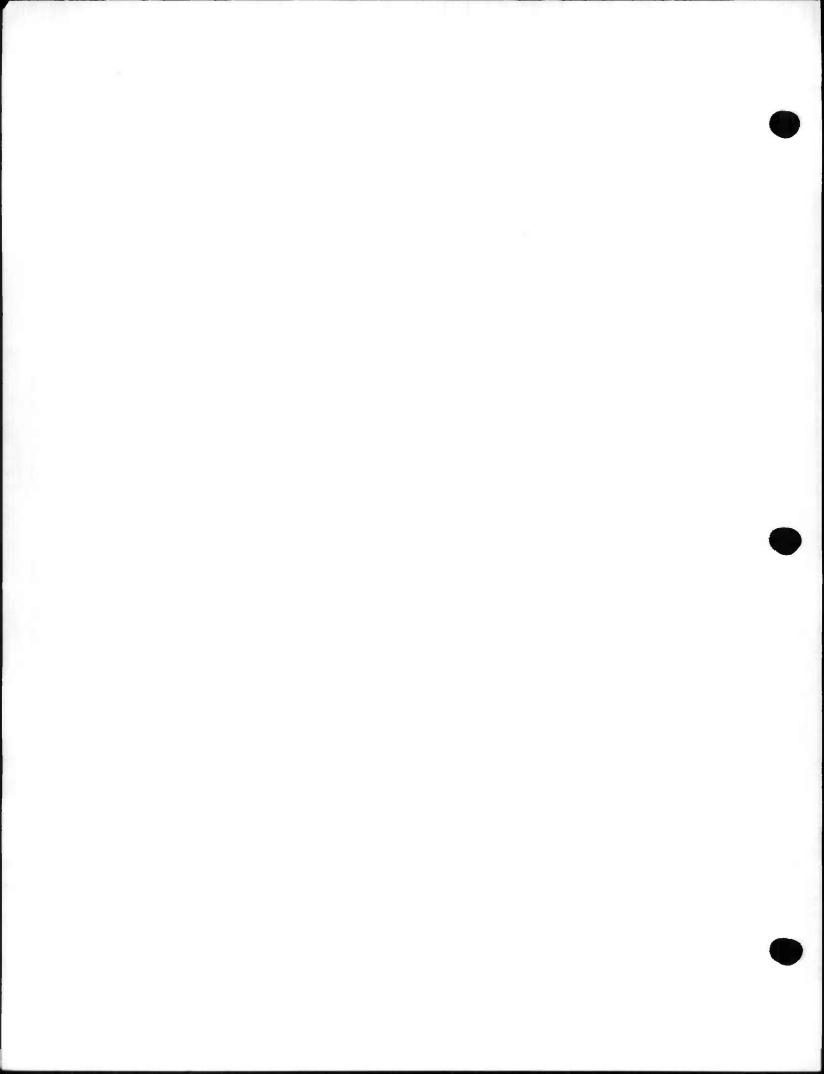
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE PUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	0	F DEAT	H		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			GIENE			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES JOHN SUD	INA , Jr.				2. DATE OF O		YEA	3, TIME OF DEATH 12:30A M	
	4. SOCIAL SECURITY NUMBER 219 18 0169	5. SEX 6. AGE (in yrs. lest birthday) 65 YRS.	IF UNDER † YEAR MONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BI (Month, Day,	24" 25	BÃ	IRTHPLACE (State or Foreign output)	
NO.	9a. FACILITY NAME (If not institution, give str VA MEDICAL CENTER			FORT H	R LOCATION OF DE OWARD					
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND Balt	imore	t0c. CIT	Y, TOWN OR LOCAT	Timon	ium			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 26 HATHAWAY ROAD	··· · · -		150	21093			U.S.A	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1							
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	EDUCATION 16e, DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY								
BE COM	17. FATHER'S NAME (First, Middle, Last) CHARLES JOSEPH SU	16. MOTHER'S NA FRANCIS	ME (First, Middle	Maiden S. 16						
TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, Strike, Zip Code) 196. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, Strike, Zip Code) 26 Hathaway Road, Timonium, Nid. 21093									
	20e. METHOD OF DISPOSITION 1	oval from Stete	other place) Dulaney	Valley	Memorial ADORESS OF FA				um, Md.	
	•	Martin D.	awson	Lemr Time	non-Mitch	hell-Wi d.				
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta interval Between Onset and Death Onset and Death PNEUMONIA OUE TO (OR AS A CONSEQUENCE OF): CEREBRO VASCULAR ACCIDENT OUE TO (OR AS A CONSEQUENCE OF): CORONARY ARTERY DISEASE CORONARY ARTERY DISEASE Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CERT	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO)?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 ☐ Inpatient 2 ☐ ER/Out 28a. OATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF 28c. IN	IURY AT DRK? YES 2 NO	8 U Other (Sp 28d. DESCRII		RY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide datermined	Y — At home, farm, ocify)	street, factory, offi	e 0	26t, LOCATIO City or To	N (Street end i wn, State)	end Number or Rural Route Number,)			
COMPLETED	(Check only	CIAN: To the best of my know							luse(a) and manner se stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE JUNE 10 30. NAME AND ADDRESS OF PERSON WITH					0000			15/90 (Month, Day, Year)	
	31. NTO THE O MODEL. OF 1990	32. REGISTRAR'S SIG		ek.Cur'	1990	Lelia No.	vids	Pandel	2	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

FOR STATE REGISTRAR

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0,	within
1	executed within 2
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5	The law requires that the death certificate be execu-
r.	death
0	the
Ę	that
1	requires
	AM.
1	1
5	PHYSICIAN:
DIVISION OF VITAL RECORDS, F.O. BOA 13146	OR ATTENDING PHYSICIAN: Th
=	8
_	HOSPITAL O

	j	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
		Gord	don	St	ewart	t				11	-14-90	NY.	YEAR	4:05PM M
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)		ER 1 YEAR	IF UNDER		7. OATE	OF BIRTH		6. BIRTH	IPLACE (State or Foreign
_	1	220-90-0609	X M 2 □ F	24	YRS.	MONTHS	DAYS	HOURS	MIN.	17-	h, pay, Year) - 26 - 66	5	Count	" MD
3 should	1	9e. FACILITY NAME (If not institution, give at				9b. CI	TY, TOWN O					9c. COU	NTY OF D	EATH
2, 3	OR	Argyle & Hoffmar	1			Baltimore City								
- -	디디	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			toc. CITY	Y. TOWN	N OR LOCAT	ION						10d, INSIDE CITY
Page	DIRECTOR	MD					MORE		TTY					LIMITS? 1 VES 2 NO
jį.		10e. STREET AND NUMBER			DA			. ZIP CODI				10g. CIT	ZEN OF \	WNAT COUNTRY?
the burial-transit permit. Pages	FUNERAL	4302 CONNECTIO	IIT AVE					2	122	9			SA	
-tran	S	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AF	RMEO	1:		ENDENT C	F HISPAN	IIC ORIGII	N? (Specify Yes	_	14. RAC	E — American Indien,
buri	1	Never Married 2 Merried	FORCES?	WAR OR DATES	NO			ecify Cuba 2\(\sum NO			Rican, etc.)		Spec	k, White, etc.
s the	Э ВУ	3 Widowed 4 Divorced				1_								"" BLACK
use a	臣	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S live kind of v Do NOT us	work don	OCCUPATION MO	ON ast of working	ng	188	. KIND OF BUS	SINESS/INC	DUSTRY	
d for	Ä	Elementary/Secondary (0-12)	College (1-4 or 5	+)	EMPL									
detache once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1011	LITE	UIL	. 0	10 MOT	HED'C NA	ME /Eleat	Afiridia Afairian	Sumama)		
be detached for use as at once.	-	17. FATHER'S NAME (First, Middle, Lest) LAWRENCE GROSS EMMA STEWART												
	BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRE	ESS (Street a				ber, City or Tow		Code)	
5 should notified		MARGARET TER	RRY											MD. 21229
in by the funeral director, page r removal.		20a. METHOD OF DISPOSITION	NIM COURSE	20b. PLACE	OF DISPOS	SITION ((Name of cer	netery, crer	natory or		20c. LO	CATION -	City or To	own, State
rector, p		XX Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) WESTERN STAR CEMETERY CATONSVILLE, MD.												
iner di		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			2	2. NAME A	ND ADDRE	SS OF FA	CILITY	- i		-	
e funeral dir L examiner		> Manimo ('nad	,		V	VM.C.	.MAR	CH	F.H	. 110	1 E.	NOR	TH AVE.
n by the removal		23. PART I. Enter the disease, or o	omplications th	et ceused the de	eeth. Do r	not ent	ter the mo	de of dv	Ina. suc	h ae car	diec or respi	ratory ar	rest.	Approximete
or remove		ehock, or heert fellure.	Liet only one ce	use on each line	8.									Interval Between Onset and Death
the		disease or condition Gunshot wound of neck												
completely filled fal, cremation, o		resulting in deeth)	B	O (OR AS A CONSE										
	z	personal sur	b.											
attending physician and o intal Hygiene prior to buria ry, or other traumatic	CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate Cause First INDEEDLYING												
hysici e prio	2	cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):												
ending phy I Hygiene or other	빌	that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
rtal H	英	d.												
ows any Injury,		PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PRECOMMED? ANALABLE PRIOR TO												
signed by the Health and Income any Income any Income and Income any Income and Income a	2										XX YES 2			COMPLETION OF CAUSE OF DEATH?
sign Heal Nws	MEDICAL													YES 2 NO
3 sh	_													
or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТН		LACE OF E	DEATH (Ch	neck only d	one)			
or it	VSI	EXAMINER? 1 AES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA		Nuraing Hon		eeldence		er (Specify)	Sce		
nis ce	표	27, MANNER OF OEATH 1 Natural 5 Pending	28e. DATE C	F INJURY 4-90	28b. TIM	JURY	WC	JURY AT			SCRIBE HOW		CURED	
fter this eath with marked	BY	2 Accident Investigation				М		YES XX	NO		bject			
DR: Al	ED	3 Suicide 8 Could not be 45 Thomicide datermined		OF INJURY — At h g, etc. (Specify)	ome, farm,		ractory, offic treet			_ Cit	CATION (Street y or Town, State,	1		Route Number, Baltimore,MD
OIRECTOR hours afte						51	meer			ALG	yle &	HOLLI	naii,	baltimore, ML
AL OF	릴	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												
HOSTIAL ON ALIZONING PRISONEN, THE PAY THE FUNERAL OFFICIENT AFT this certificate has been within 72 hours after death with the State Dept. of ITANT. If Item 28 is marked, or item 23 sho	COMPLET	A PAREOLAL EXAMINE	H: On the besie of	examination end/or	Investigation	on, in m	ny opinion, o	death occu	ired at the	time, da	te end place, e	nd due to t	he ceuse	(e) and manner ee stated.
HE FI	BE (29b. SIGNATULE AND TITLE OF COMPTE	Line						ENSE NU	MBER		29d. DA		D (Month, Day, Year)
TO THE FUNERA TO THE FUNERA DE filed within 7 IMPORTANT: I	10		10/x					∇	CME				11	-15-90
	-	30. NAME AND ADDRESS OF PERSON AND	O COMPCETED CA	USE OF DEATH (IT			Donn	Chanc	o+ D	_1	more.M	D 21	201	
		ADDIV M. 131 X (JV . M)			1	1 I I	PERD :	STRA	⊢T.K	dIT1	IIIOT 🖰 . M	(1) / L	/U.I	V

32. REGISTRAR'S SIGNATURE

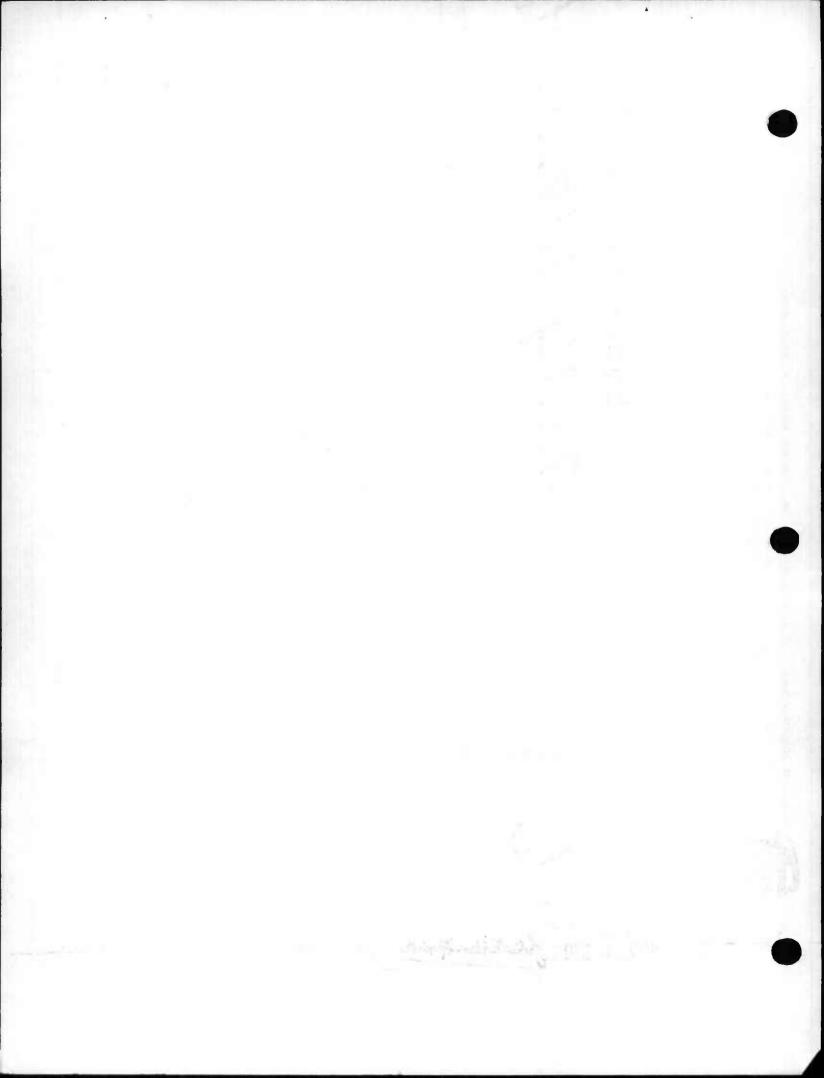
31. DATE FILED (Month, Day, Year)

NOV 1 6 1990

DHMH-18 Rev 1/89

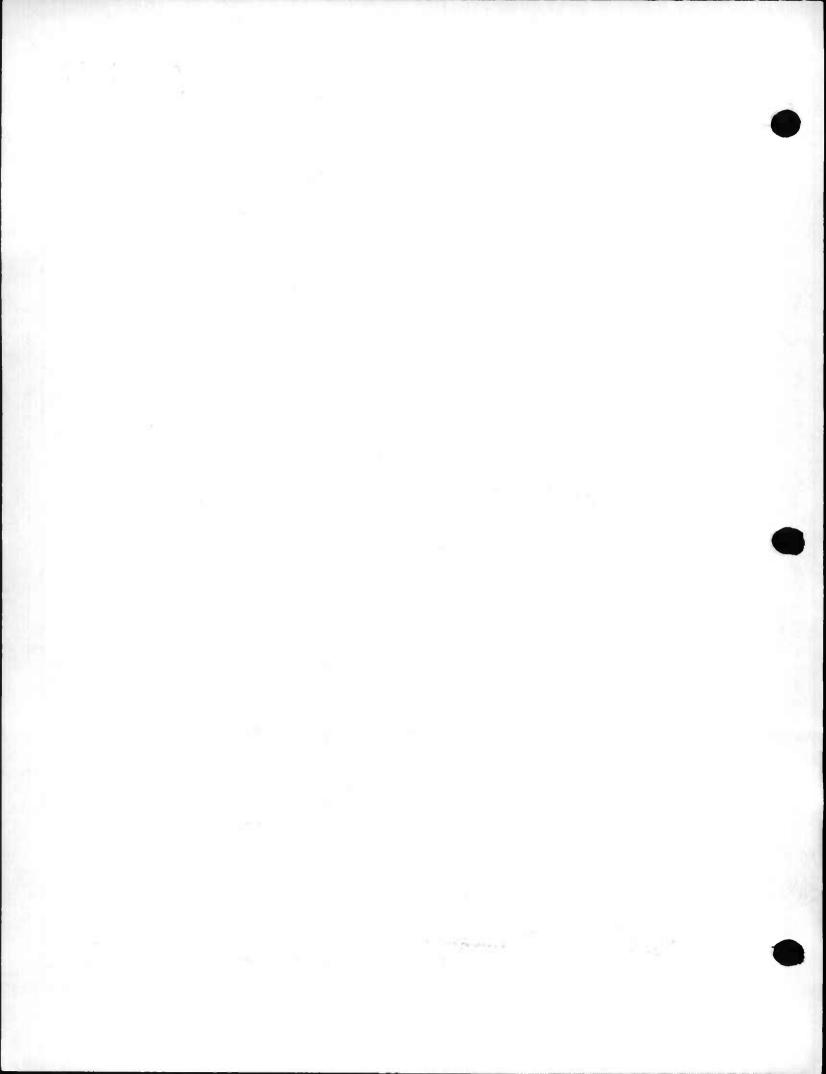
URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. nours after death. Page 6 may be retained by the hospital or attending physician. If them 28 is marked, or teem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND	MENTAL HYGIENE	90	31300			
1. DECEDENT'S NAME (First, I	Sampson			2. DATE OF DEATH DAY	YEA 90	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 217-16-87	S. SEX 1 0 M 2 F (c) F (d) Itution, give street and number)	Up YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 04-24-3 EATH		RTHPLACE (State or Edreign unitry)			
St Agne RESIDENCE OF DECI 10a. STATE	HOSPITAL 106. COUNTY	10c. CITY, TOWN	Balto OR LOCATION			10d. INSIDE CITY			
	A 1	Ba/t	101. ZIP CODE		10g. CITIZEN C	1 YES 2 NO			
10e. STREET AND NUMBER 20 8 R 11. MARITAL STATUS 1 Never Married 2 X 8	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED 1		AS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — A yes, specify Cuben, Mexican, Puerto Rican, etc.)					
3 Widowed 4 Divor	IF VES CIVE WAR OR	DATES 16a. DECEDENT'S USUAL	1 YES 2 NO Speci	poorly: Black					
	highest grade completed)	(Give kind of work do: Iffe. Do NOT use retired	ne during most of working	VOO-	-400				
17. FATHER'S NAME (First, Michael Committee of the Commit	de, Leet) Sampson		Loui	AME (First, Middle, Melden S Sam	furnama) DSOn				
194. MFORMANT'S NAME (Ty) LOT O 14 1 206. METHOD OF DISPOSITION	H. Sampson	2208	found Ro	Route Number, City or Town, Apt A4	Ba It	1 red 21228			
	3 G Ramoval from Stata Specify)	other place)	2. NAME AND ADDRESS OF F	Lat Ou	ings	Hills, red			
Yal	la Mari	ch	Harch F. H	wabash 1	Que				
	art failure. Liet only one cause on al a. Cuspuse		يد	or an outdies of feather		Approximate Interval Between Onset and Death			
Sequentially list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injurt that initiated events resulting in death) LAST	or Short and the state of the s	A CONSEQUENCE OF): A CONSEQUENCE OF):							
PART II. Other significan	Small Bowellemic enta	Resecti		Part I. 24e. WAS AN A PERFORI	WED?	24b. WERE AUTOPBY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	MEDICAL HOSPITAL: 1\ Impelient 2 = ER/Ou 28a, DATE OF INJURN	THE PERSON NAMED IN COLUMN 1	28. PLACE OF DEATH (C ER: turning Home 5 - Residence 28c. INJURY AT		JURY OCCURE	D			
2 Accident	*ending (Month, Day, Year)	INJURY M	WORK?						
2001	FYING PHYSICIAN: To the best of my kno					ste(s) and manner as stated.			
296. SIGNATURE AND TITLE	T FR	Timen)	29c. LICENSE M	IMBER	29d, DATE SIG	NED (Month, Day, Year)			
31. DATE FILED (Month, Day,	PERSON WHO COMPLETEO CAUSE OF D	WATURE							
NOV 16	1990 Shila Tride	n-Annouse	4						



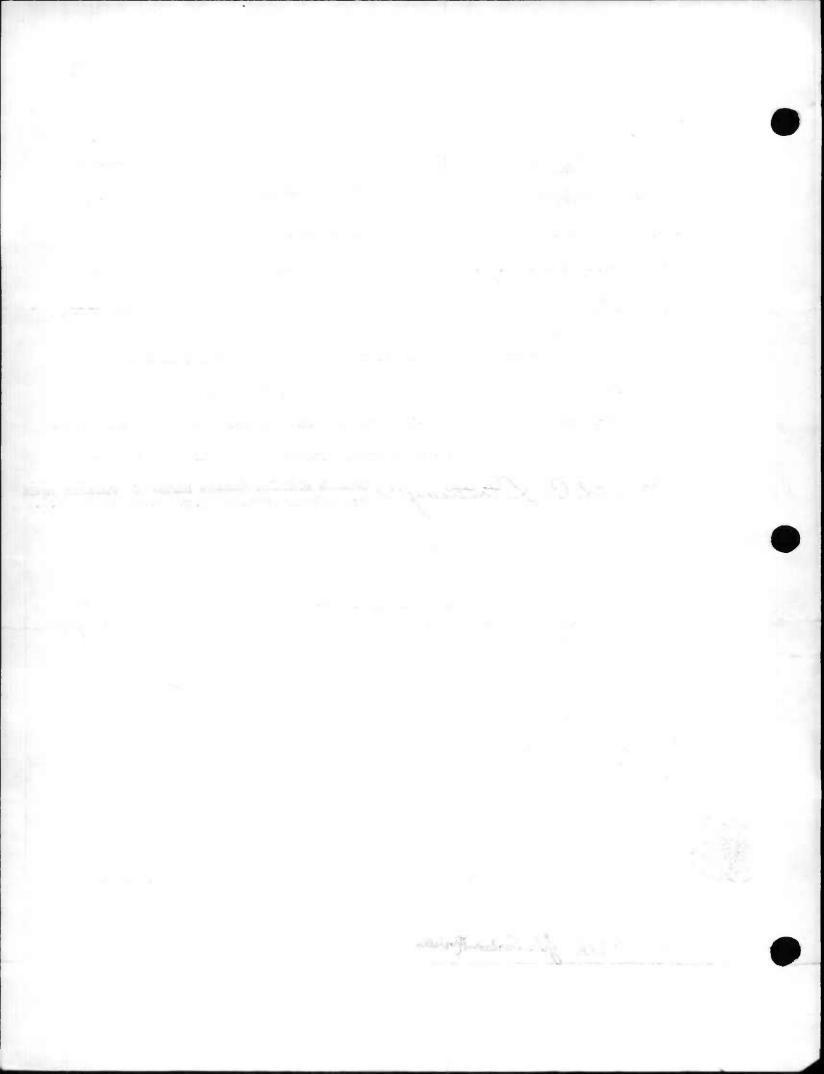
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	notified
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	must
moval.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
or ren	nedi
thon, o	the s
crema	rent,
ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	traumatic en
Hygiene pi	or other
Mental	njury, c
and	J.
lealth	KS 23
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Dept.	23
ath with the State Dept. of Health a	Item
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ath	nar

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		, 5100,		
	1. DECEDENT'S NAME (First, Middle, Last) Margaret	Philli		Simps		2. DATE OF DEATH MONTH D. NOV. 7		3. TIME OF DEATH 90 12:00 PM		
	4. SOCIAL SECURITY NUMBER	T	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	224-48-2938 9a. FACILITY NAME (If not institution, give s	1 M 2 F	68 YRS.	MONTHS DAYS	HOURS MIN.	9/7/22		irginia		
TOR	18613 Horsesh		ad	Sharp		7		hington		
DIRECTOR	10e. STATE 10b. COUNTY Maryland Wash	ington		r, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER			101	ZIP CODE		10g, CITIZEI	N OF WHAT COUNTRY?		
A.	18613 Horsesh	oo Pond Po	5.0		21782		.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC		IC ORIGIN? (Specify Yes		. RACE — American Indian.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp	ecity Cuban, Mexicar 2 X NO Specify	, Puerto Rican, etc.)		Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)		USUAL OCCUPATION or done during more retired.)		16b. KIND OF BU	SINESS/INDUS	TRY		
7	1 2	College (1-4 or 6+)	Homen	aker		Own H	ome			
MO	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Melden	Surname)			
O	Leslie B. Phi	llips			Nanni	e VanSic	kler			
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a	nd Number or Rural F	loute Number, City or Tox	m, State, Zip Co	ode)		
7	Phillip L. Sim		exandria, VA 22309 20c. LOCATION — City or Town, State							
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	place of dispose other place) Ebeneze	er Ceme	tery			ill, VA		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ID ADDRESS OF FAC	на11	Funer	al Home, Inc		
	Saryte	? Tolman		P.O.	Box 89			e, VA 22132		
	23. PART I. Enter the diseases, or ahock, or heart fellure.	complications that caused List only one ceuse on a	the deeth. Do rech line.	not enter the mo	de of dying, auci			t, Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Due, to (OR AS A CONSEQUENCE, OF): DUE, TO (OR AS A CONSEQUENCE, OF):									
z	Cor pulmonale years									
ATIO	If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
ICAL	End-stage	Chronic	Obsh	nelis	y cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
BY PHYSICIAN: MEDIC	Ilu	ig Dise					ZZ NO	OF DEATH?		
=										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ack only one)				
Sic	1 TES ZXXHO	1 Inpetient 2 ER/Outs	patient 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 XResidence	6 Other (Specify)				
PH	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. IN.	URY AT PRK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, offic	•	26t. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETED	TOTAL OTHY 25	NCIAN: To the best of my know	riedge, death occurr	ed at the time, date	and place, and due	to the cause(a) and ma	inner as stated			
SO	one) 2 MEDICAL EXAMIN	ER: On the basis of examinatio	n and/or investigation	on, in my opinion, o	leath occured at the	time, data and place, a	nd due to the	cause(s) and manner as stated,		
BE	296. SIGNATURE AND TITLE OR CENTIFIE	11.			29c. LICENSE NUM		29d, DATE S	SIGNED (Month, Day, Year)		
TO B	110	12/1	٧		WV	1918	v. 7, 1990			
F	30. NAME AND ADDRESS OF PERSON WI				6 Marti	nsburg	WV 3	25401		
	31. DATE FILED (Month, Day, Year) NOV 1 6 1990	Summa Davidson S Side	STATE P.OD	JOA 102	J Hulti					
	MAN T P 1330	guna mundon	Marketon							



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1	1. DECEDENT'S NAME (First, Middle, Last)	Callea					2. DATE OF MONTH	DEATH	¥	WEAR	L TIME OF DEATH
		SCHWA 6. AGE						_	0	90	6,287
9.1	4. SOCIAL SECURITY NUMBER 052-26-4386	100 M 2 D F	(In yrs. lest birthdey)	MONTHS D	EAR IF UNDER	MIN.	7. DATE OF (Month, L	31-1	. /	Country)	LACE (State or Foreign Linada
F	9a, FACILITY NAME (If not institution, give s		Ι φ	96. CITY. TO	WN OR LOCATI	ON OF DE		01-1		JNTY OF DEA	
8	Holy Cross Hospit				Lver Sp				200	lontgo	
5	RESIDENCE OF DECEDENT						. :				
DIRECTOR	D. C. 10b. COUNT		10c. CI	ry, town or i	ocation Shingto	m				0.5	Od. INSIDE CITY
- 1	10e. STREET AND NUMBER			, ide	101. ZIP COD				10a CII		X YES 2 NO
RA	1784 Sycamore Str	eet, N. W.				012					States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT					14, RACE -	- American Indien, White, etc.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES			YES 2 NO			an, atc.)		Specify	
60	15. DECEDENT'S EDU	CATION	16a. DECEDENT	LIISHAL OCCI	IDATION		16b K	IND OF BUS	HMESS/IN	IDUSTRY	Milite
ETE	(Specify only highest grade			work done duri	ng most of world	ing	100. K	IND OF BUI	HIESS/III	DOSTRY	-
립	Eletterically 3000thally (0-12)	4 years	Contra	ctor				Const	ruct	cion	
COMPL	17. FATHER'S NAME (First, Middle, Last)						ME (First, Mic				
BE	Samuel Schwartz						luman			100	100
	190. INFORMANT'S NAME (Typo/Print) Miriam McMichael				treet and Numbe						1 00000
	20 METHOD OF DISPOSITION	1.00	b. PLACE OF DISPO		ay Roa		rooke			ary Lan	
	1 Donation 5 Other (Specify)	oval from State	udean Me	morial	Garde	natory or				Maryl	
	21. SIGNATURE OF FUNERAL SERVICE LIN				ME AND ADDRE		CILITY	1021	,	naryı	dird
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE	NSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	the contract of the contract o	rtive L		ijeese						741.
	that initiated events resulting in death) LAST		A CONSEQUENCE	OF):							5yn.
8		d									1
CAL	PART II. Other algnificent condition	_	but not reaulting	in the unde	riying cause	given in	Part I. 2	24a. WAS AN PERFO			WERE AUTOPSY FINDI AWAILABLE PRIOR TO
		Filure						1 TYES	No.		COMPLETION OF CAU OF DEATH?
MED	Peptie	where Dill	5 -				-				T YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	e myop. thy			26. PLACE OF	DEATH (Ch.	ant anti anni				
AN				OTHER:	20. PLHCE UP	DEATH (UN					
SICIAN:	EXAMINER?	HOSPITAL:	Inettent 3 P DOS		a Mama	Boolds	e Cuture	(Passit I			
HYSICIAN:		1 Sinpatient 2 ER/Out 28e. DATE OF INJURY	28b. Ti	4 Nursin	g Home 5 F	Tesidence		(Specify)	INJURY O	CCURED	
Y PHYSICIAN:	EXAMINER? 1	1 Sinpatient 2 ER/Out	28b. Ti	4 Nursin		200			INJURY O	CCURED	
TED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	4 Numin	Ic. INJURY AT WORK?	200	28d. DESC	THE HOW	end Numb	DECURED	oute Number,
ВУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	Y — At home, ferm	4 Nursin ME OF JURY M , street, factor	DC. INJURY AT WORK? 1 YES 2 , office	NO NO	281. LOCAL City or	TION (Street Town, State)	end Numb	per or Rural Ru	
ВУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS ONE) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sp. BCIAN: To the best of my kno	Y — At home, ferm	4 Nursin ME OF JURY M , street, factor	ic. INJURY AT WORK? 1 YES 2 7, office e, date end place inlon, death occ	NO NO	281. LOCAL City or to the caus time, date a	TION (Street Town, State)	end Numb	per or Rural	
ВУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS ONE) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Sp. BICIAN: To the best of my kno-	Y — At home, ferm	4 Nursin ME OF JURY M , street, factor	IC. INJURY AT WORK? 1 YES 2 1, office a, date end place anion, death occ	NO NO	281. LOCAL City or to the caus time, date a	TION (Street Town, State)	end Numb	per or Rural	and manner as stat



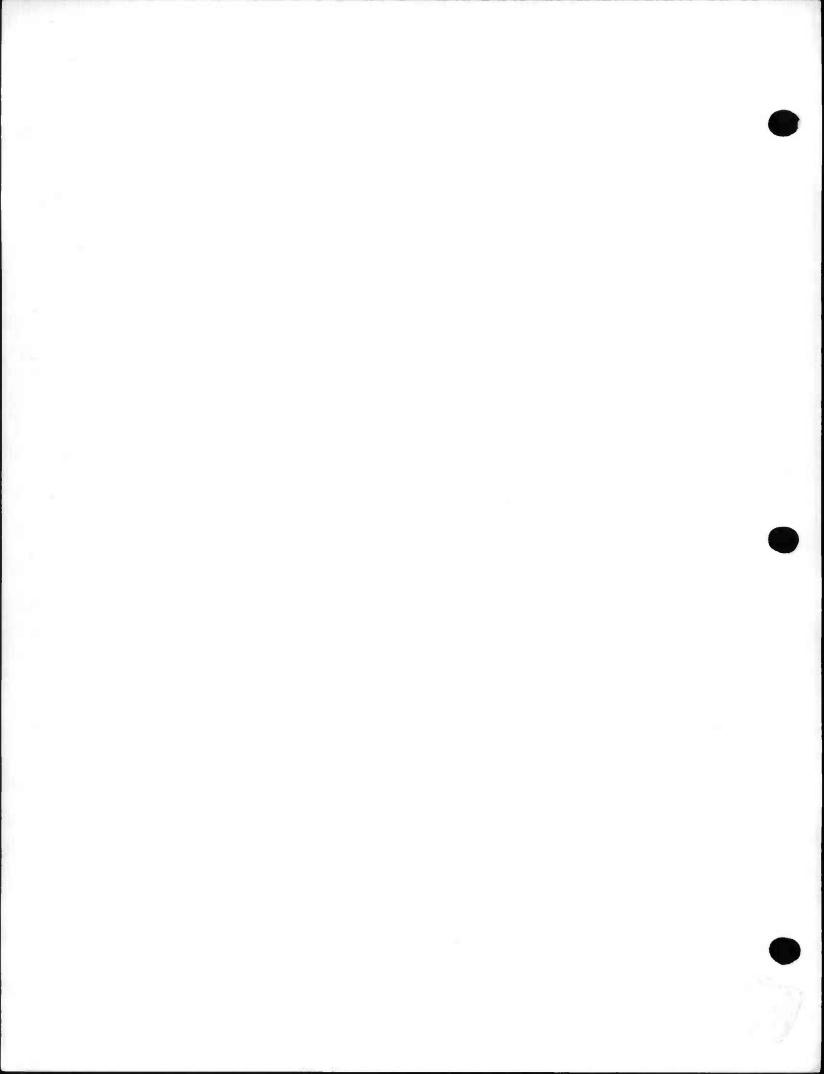
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	T. Shave		2. DATE OF DEATH	1990	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Pey, Year)	0. E	NRTHPLACE (State or Foreign Jountry)
	149.16.2716 9e. FACILITY NAME (If not institution, give si	1X M 2 F 65 YRS.	MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF	Sept 13.1	925	Va.
TOR	North Qrube RESIDENCE OF DECEDENT	del Hospital	98. CIT, IOWN ON LOCATION OF	DEATH V	ANN	1
DIRECTOR	100. STATE 10b. COUNTY	ve Arundel 10c. CIT	TY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER GAG TIMBER	Ridge RA	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	cen, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify:
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	CATION 16e. DECEDENT'S	S USUAL OCCUPATION	16b, KIND OF BU	1/2	LUCASION
LETE	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+) (Give kind of life. Do NOT u	work done during most of working ise retired.)		1 -	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	INNI	18. MOTHER'S I	1 PUC NAME (First, Middle, Maiden	KING Surneme)	
BE C	Joseph T.	Shaver	Des	sie Fo	lex	,
TO E	100. INFORMANT'S NAME (TYPO/Print)	19b. MAILING GOG	ADDRESS (Street and Number or Run	A Route Number, City or Tow	n, State, Zip Coo	(10)
	20s. METNOD OF DISPOSITION 1 Souriel 2 Cremetion 3 Rem	20b, PLACE OF DISPO	OSITION (Name of cemetery, crematory of	(D) 20c. LC	CATION — City	or town, State
	Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	HOLYCYOS	22. NAME AND ADDRESS OF	En Gem Q	thing	se Co. Md
	Qual Kare	manulh.	Wassansh	- 211 R	75 44	11/21224
	23. PART I. Enter the distance, or	complications that caused the deeth. Do List only one cause on each line.	not enter the mode of dying, so	uch aa cardiec Dr reap	iratory arrest	
	IMMEDIATE CAUSE (Final disease or condition			_		Onset and Death
	resulting in deeth)	a. DUE TO (OR AS A CONSEQUENCE C	condant wife	auten		Ullusta
NO	Sequentially list conditions,	b. Cer Cres Jelo DUE TO (OR AS A CONSEQUENCE C		Pirepre.		years.
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury	C				
ATIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	OF):			
CEI	PART II. Other algorificant condition	dns contributing to death but not resulting	In the underlying ceuse given	In Part I. 24s. WAS AF	ALITOPSY	24b, WERE AUTOPSY FINDINGS
ICAL			in the discoverying to go a	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDIC					Warran	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T	26. PLACE OF DEATH	Check only one)		
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 □ Nursing Home 5 □ Residence			
PHY	27. MANNER OF DEATH 1 Naturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 26b. TII	IJURY WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, farm,		26f. LOCATION (Street		Rural Route Number,
ETEC	4 Homicide determined	building, etc. (Specify)		City or Yown, State	"	
COMPLETED	(Criedic Ormy	SICIAN: To the best of my knowledge, death occur IER: On the basis of examination end/or investigat				suse(e) end manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER P	29c. LICENSE I		9	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATN (ITEM 27) (TYP	oe, Print)			14190
	L.F.	^	300 1 S. HAN	over St. 1	BACIO.	mi):21230.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S GIONATURE				





MENTAL HYGIENE

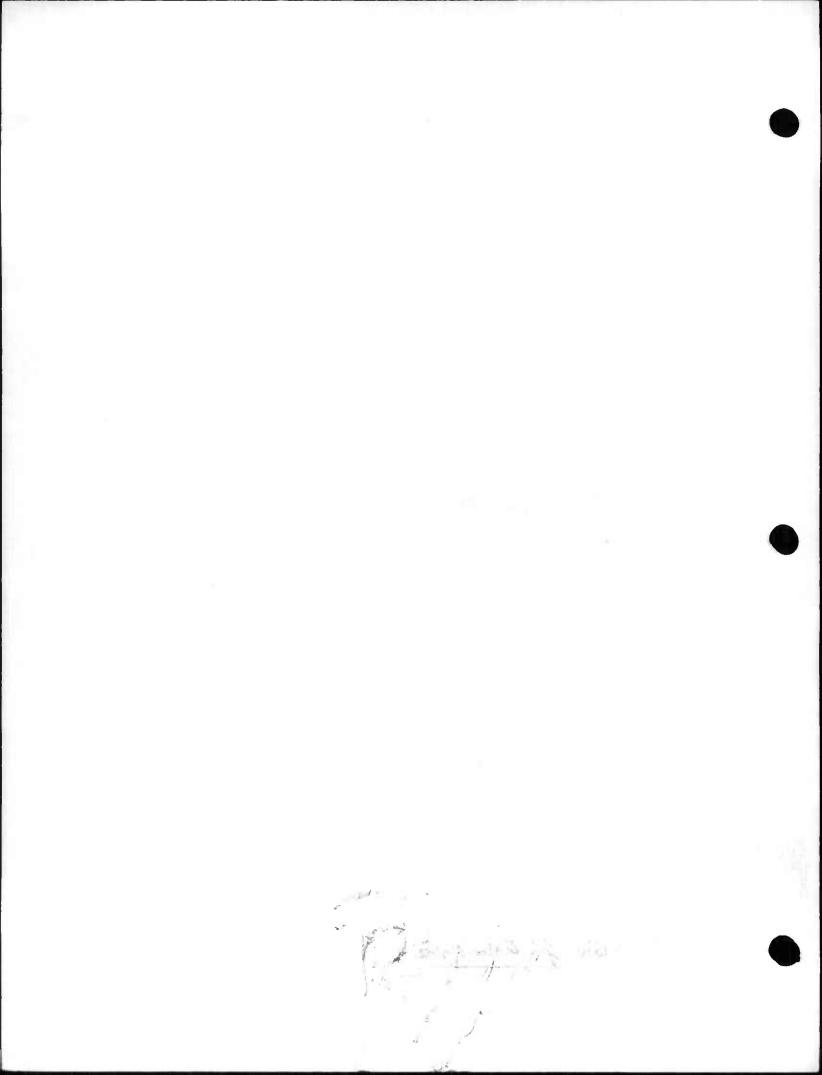
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should a funeral with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If I mm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF	
	ECEDENT'S NAME (First, Middle, Las		
	NI	T	

	1 - STATE STATE OF MARTLAND /	ERTIFIC		DEATH	WEI WE	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	1			2, DATE	OF OEATH	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las	at birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH	9.0	HPLACE (State or Foreign
	217-20-4482 10 M2 WF 76	YRS. MON	-	HOURS MIN.	(Month	Day, Year) 14	Count	VIRGINITA
OR	9a. FACHLITY NAME (If not institution, give alreet and number) SECRES HOSPITAL	96.	CITY, TOWN O	AMARE	EATH CIT	Y	9c. COUNTY OF E	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ON 2	1	,		10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	4	3 4747/1	ZIP CODE	CITY	<u> </u>	10g. CITIZEN OF	1 XYES 2 NO
FUNERAL	628 NOWTH BRICE STATES			212	17		U	SA
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		13. WAS OEC If yea, spi 1 TYES	endent Of HISPAI city Cubun, Mexica 2 NO Specif	en, Puerto F	? (Specify Yes o Ican, etc.)	r No— 14. RAC Blee Spec	E — American Indian, k, White, atc.
COMPLETED	(Specify only highest grade completed) (G	CEDENT'S USU live kind of work Do NOT use rei	done during mo:		18b.	KIND OF BUSI	NESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) John Pleasant			16. MOTHER'S NA	AME (First, A	fiddle, Maiden Si	urname)	
TO BE	18a INFORMANT'S NAME (Type/Print) Alice Nomble	6. MAILING AD	DRESS (Street a	nd Number or Rural	Route Numb	Balti		21217
		OF DISPOSITIO	N Name of con	etery, cremetory as	rete	20c. LOCA	11 - 01	
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA	H.	Wat	nch !	Ave
TION	23. PART I. Enter the diseases, or combifications that caused the deshock, or heart failure. List only one cause on each line immediate (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate		ulcas	ld of dying, such	-Fu 18ty	lec or reapire	aton Gjes	Approximate Interval Batween Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUENCE OF):		-//		- 2	/	
	PART II. Other significant conditions contributing to death but not	resulting in t	he underlyin	cause given in	Part I.	24a. WAS AN A PERFORM		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL					_	1 TES 2	□ №	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (C	heck only or	e)		
YSIC	EXAMINER? HOSPITAL: 1 □ YES 2 □ NO 1 □ Tinpetient 2 □ ER/Outpetient 3	3 DOA 4		e 5 🗆 Residence				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME O	WC	URY AT RK? 'ES 2 NO	28d. OES	CRIBE HOW IN	JURY OCCUREO	
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree	it, factory, offic		281. LOC City	ATION (Street an or Town, State)	d Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, do not best of my knowledge, do not best of my knowledge, do not best of my knowledge, do not best of my knowledge, do not best of my knowledge, do not be not not not not not not not not not not							(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Maghlich	, M.	D.	29c. LICENSE NU	INBER 7	0	29d. DATE SIGNE	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Pri	In S	Plan	81	don	les!	
	31. DATE FILED Mornin, 32. REGISTRAR'S SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	est.		angw.		/		
	P 71 = //	the same of the sa						DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.O.

VITAL RECORDS,

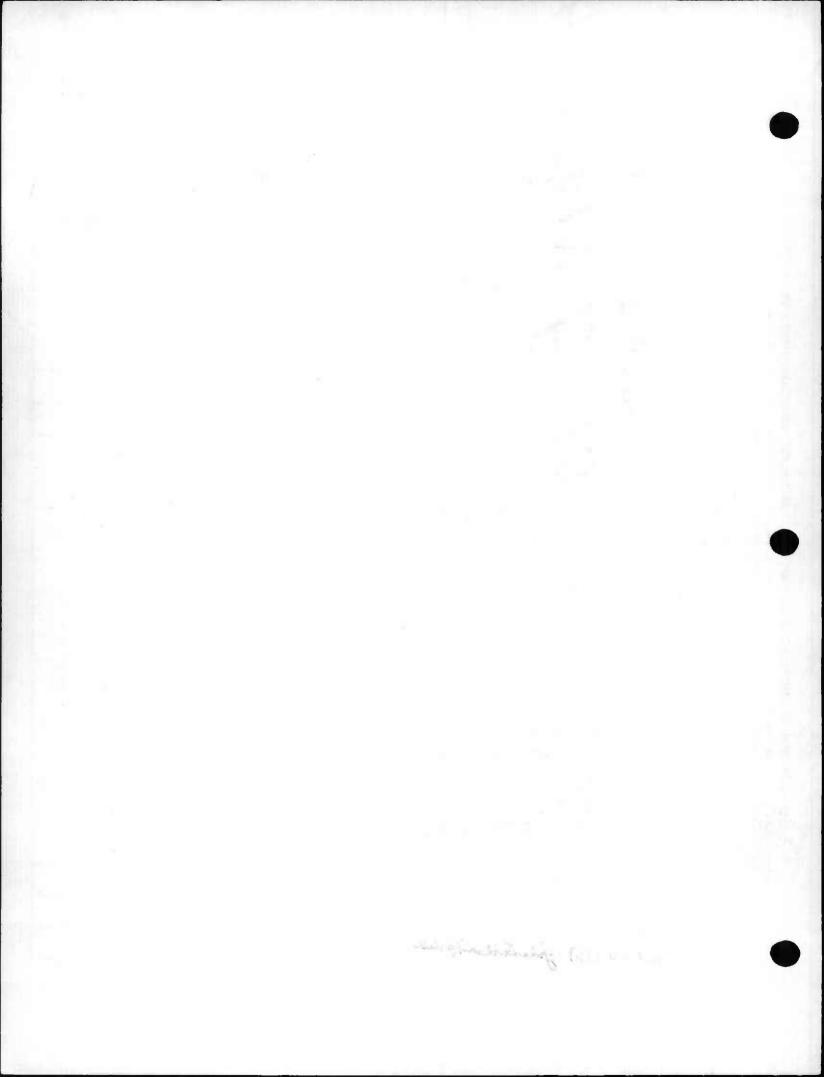
0 signed by the atter Health and Mental Injury, shows any has been Dept. of h MB 23 Hem DAN: The certificate h 6 marked. WITH death .22 報 DIRECT Nous 8 FUNERAL within 72 h HOSPITAL TO THE HOSPITA TO THE FUNERA be filed within 7

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 40 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 10 10 nomson 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. June 30,1931 Washington, DC HOURS 1 🗌 M 2 🔯 F 214-30-2243 YRS 9s. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Bethesda Montgomery Suburban Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e STATE 10b. COUNTY Gaithersburg Maryland Montgomery 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 20877 USA 16528 Walnut Hill Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 KNO Specify: 1 Never Married 2 Morried White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (154 or 5+) Elementery/Secondary (0-12) Home Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James Edward Wilson, Sr. Ethel Elizabeth Arundel BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Robert C. Thomson, Sr. same as 10e. 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Union Cemetery Leesburg, Virginia 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hure Muriel H. Barber Funeral Home PO Box 5038, Laytonsville, Md 20882 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Dasth IMMEDIATE CAUSE (Finel disesse or condition_ Weeks resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined t A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner os stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 5120 Nov. 1990 Chunce 2 30, NAME AND AGORESS OF WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bethes DA 6316 DemocRA 2081 32. REGISTRAR'S SIGNATURE who Davidson-Randell

BALTIMORE, MARYLAND	n z-rours after death. Page 6 may be retained by the hoss ity filled in by the funeral director, page 5 should be detached atton, or removal. the medical examiner must be notified at once.
DIVISION OF VITAL BECORDS, P.O. BOX 13146.	TO THE HOSPITAL OF STEEDING PHYSICIAN: The law requires that the death certificate be executed within A rouns after death. Page 6 may be retained by the hois TO THE FUNEDAL DIGGORY After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached filled within Ze fraus after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT. If Tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Les	0						OF DEATH		3.	TIME OF OEATH
Nelso	on	R.		Thomas		MONT	1-13-90	AE	AR	4:00PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH	0.1	SIRTHPLA Country)	NCE (State or Foreig
225-30-2177	1 M 2 F	62	YRS.			Jun	6.19	28		ginia
On FACILITY NAME (If not Institution, given University Hos					timore			9c. COUNTY	OF OEAT	Ä
RESIDENCE OF DECEDENT						- 4				
Md 10b. COUN	тү			, town on Loca 11timore					- 1	d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					f. ZIP CODE		-	10g. CITIZEN		
1811 Bank Stree	et				21231			U.	S.A.	
11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. A 1 X YES 2 X WAR OR DATES		If yes, or	ENDENT OF HISP/ ecify Cuban, Mexic 2 2 NO Spec	en, Puerto		Parties	Black, W	American indian, hita, etc.
3 Widowed 4 Divorced										hite
15. DECEDENT'S EI (Specify only highest gra	ide completed)		ECEDENT'S Give kind of w b. Do NOT us	USUAL OCCUPATE rork done during mo retired.)	ON ost of working	164	kind of Bus	HNESS/INDUST	RY	
9th Grade	College (1-4 or 5	+}	chini				Manu	factur	ing	
17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S N	AME (First,			0	
James Lloyd	d				<u> </u>		irgini			
190. INFORMANT'S NAME (Type/Print) Lavina V. Thoma	35	15			and Number or Rura					1222
20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	ITION (Name of ce	11wood S			ore, M		
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	Vet	erans	Cemete	ry			Crowns		
21. SIGNATURE OF FUNERAL SERVICE				22. NAME A	no address of r rd Funer	ACIUTY	ome In	_		
Dockie H	· som	mah						- 0		
23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	r complications the List only one ca	at caused the duse on each lin	10.	4107	Wilkens	Aven	ue, BA	ltimor		Approximate interval Bets
23. PART i. Enter the diseases, o shock, or heart failur immediate cause (Finel disease or condition resulting in death) Sequentiely list conditions, if eny, leading to immediate cause. Enter UNDERLYING	Head i.	at caused the duse on each lin	EOUENCE OF	4107 ot enter the mo	Wilkens	Aven	ue, BA	ltimor		Approximate interval Bets
23. PART i. Enter the diseases, o shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate	Head in Due To	at caused the duse on each lin njury D (or as a consi	EQUENCE OF	4107 ot enter the me	Wilkens	Aven	ue, BA	ltimor		Approximate interval Bets
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examiner

MPORTANT:

MARGARITA A. KORELL, MD

Julia Davidson Paridale

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funeral director,

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Œ	PE IN	E
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - nours after de	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for within 72 hours after clean with the State Dest, of Health and Mental Hydiene order to burlat, cremation, or removal.	NTANT. If Nem 28 is merked, or item 23 shows eny injury, or other traumatic event, the medical as
	H	5 2	E

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Watkins 11-11-90 C . Walter 11:30AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 05-06-43 6. AGE (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 219-40-1456 MD 1 X X 2 | F 9a. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION BALTIMORE, CITY MD 1 X YES 2 NO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2139 DRUID HILL AVE. 21217 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. H yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: 1 Never Married 2 Married B 3 Wildowed 4 Divorced BLACK ETED 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) COMPL 2yrs. DISABLED 17. FATHER'S NAME (First, Middle Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN HENRY WATKINS BLANCHE BROWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARTHA WATKINS 2139 DRUIDHILL AVE.-BALTIMORE, MD. 21217 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or Miller Place CALVARY CEMETERY 29s. METHOD OF DISPOSITION
Y\\Burlai 2 \quad Cremation 3 \quad Removal from State
4 \quad Donation 6 \quad Other (Specify) 20c. LOCATION - City or Town, State ANNE ARUNDEL CO, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY & ladue WM.C. MARCH F.H 1101 E. NORTH AVE. area 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final Arteriosclerotic cardiovascular disease disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES TO NO 1 TESX NO PHYSICIAN: INSPECTION 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: YER/Outpatient 3 DOA EXAMINER? OTHER: ng Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED XXX Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. SGMATURE AND TITLE OF CERTIFIER

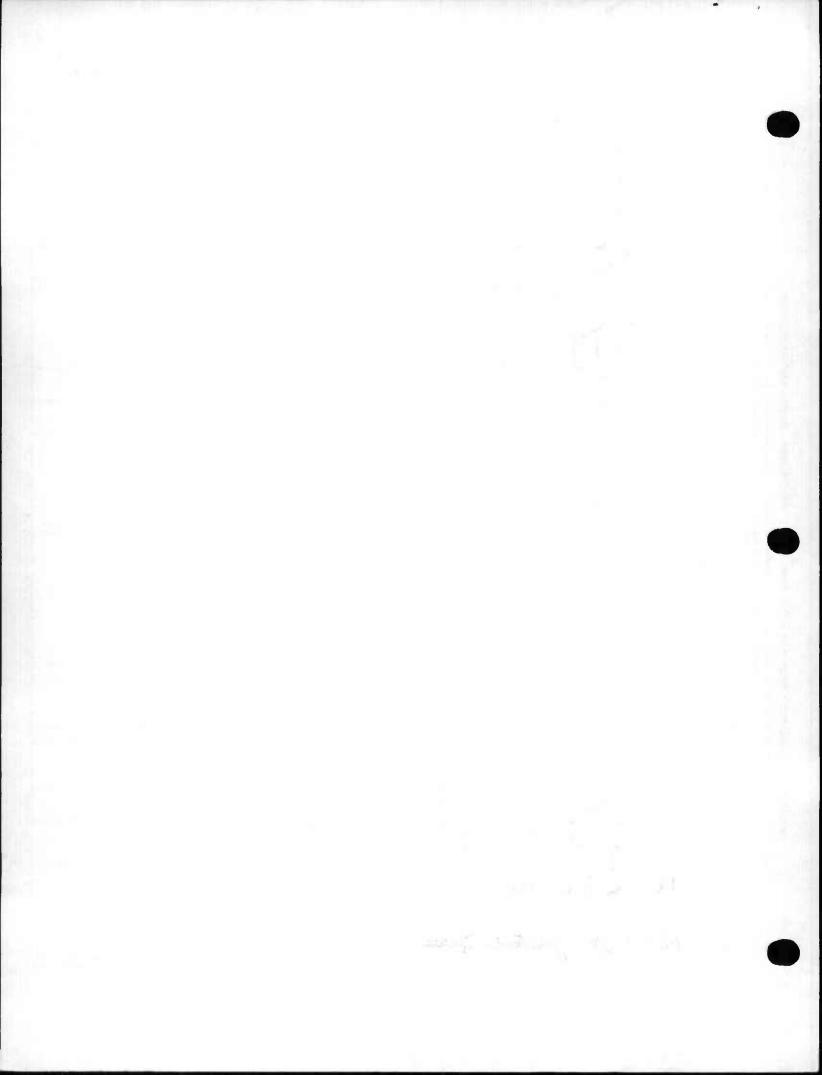
30. NAME AND A DRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year)

11-12-90 29c. LICENSE NUMBER H **OCME** 6

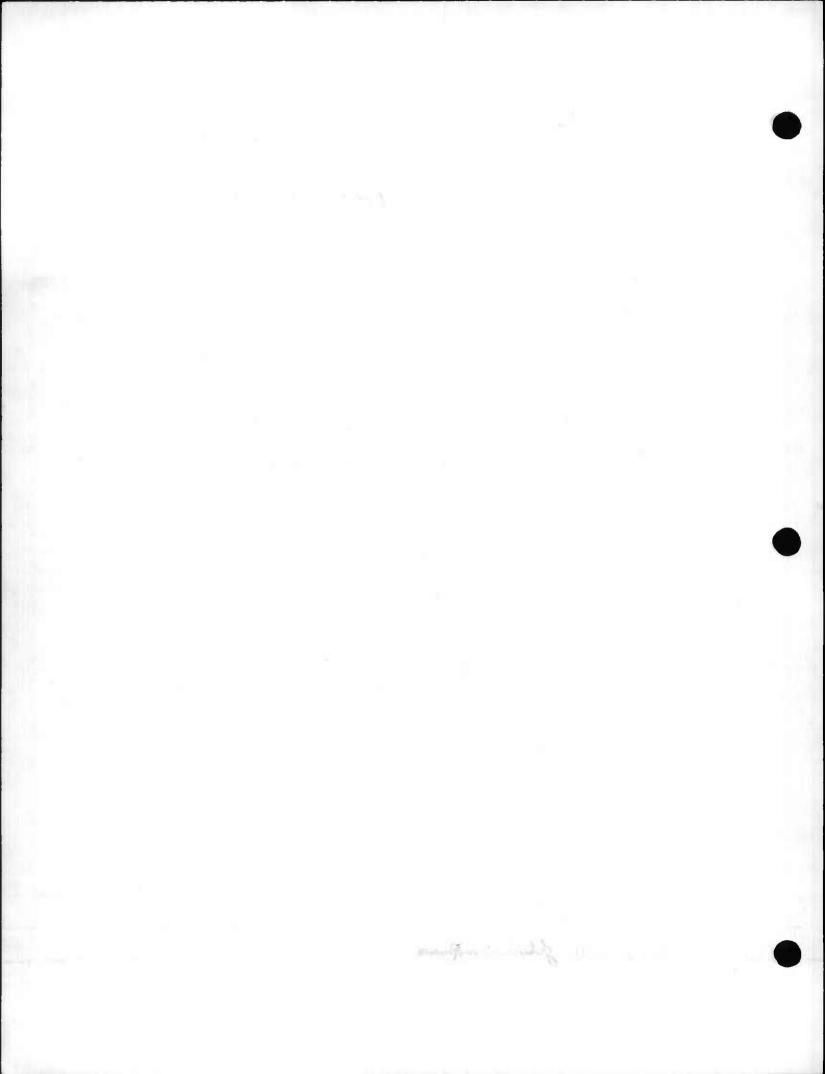
111 Penn Street, Baltimore, MD 21201



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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.	0 31374
	1. DECEDENT'S NAME (First Middle, List)	Wheeless		2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 243-40-737/ 9e. FACILITY NAME (If not institution, give	5. SEX 6. AGE (In yra. last birthday) 1	IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN. 9b. CITY TOWN OR LOCATION OF DE	Month. 24-26	BIRTHPLACE (State or Foreign Country)
TOR	LNIVEVSITA	Hospital	Baltimore	Se count	Y OF DEATH
DIRECTOR	10e. STATE 10b. COUNT	TY 10c. CITY	Olumbia		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	502336/SEE	In MOUNTAIN CIR	13. WAS DECEMBENT OF HISPAN	21044	EN OF WHAT COUNTRY? L. S. A. 4. RACE — American Indian,
В	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCEST 1 TYES 2 THO	If yes, specify Cuban, Mexical 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Black, White, etc. Specify: B/K
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		ISUAL OCCUPATION ork done during most of working relief.)	166. KIND OF BUSINESS/INDU	STRY
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	heeless		ME (First, Middle, Maider Parpare)	toN
TO BE	DAYYELL W	neeless 8115	ADDRESS (Street and Number or Rural F 110ER Lane	Poute Nymber, City or Town, State, Zip C	X- 77040
	20a, METHOD OF DISPOSITION 1	Greenn	rount Cem	Baltin	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	is the second	1 22. NAME AND ADDRESS OF FAME	North HUE	ral Home
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. V A CONSEQUENCE OF		h as cerdiac or reapiratory arre	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	b. POSSIBLE QUE DUE TO (OR AS A CONSEQUENCE OF	piration	- hypoxia	ي ا
SERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):		
MEDICAL	PART II. Other algnificant condition	ena contributing to death but not resulting in		Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 AND	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Chi	eck only one)	
HYS	1 YES 2 NO	1 Anpetient 2 ER/Outpetient 3 DOA 28e. DATE OF INJURY 28b, TIME	4 🗆 Nursing Home 5 🗆 Residence	8 ☐ Other (Specify) 28d, DESCRIBE HOW INJURY OCCU	IRED
Y P	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year) INJI	M 1 YES 2 NO		
	3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF INJURY At home form a	treet, factory, office	28f. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLETED	one)	SICIAN: To the best of my knowledge, deeth occurre NER: On the basis of examination end/or investigation			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFI	agner mp	29c. LICENSE NUI	ABER 29d. DATE	SIGNED (Month, Day, Year)
	225 Gre	THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print) P 2 12	50	
	31. DATE FILED (Month, Day, Year) MOV 1 6 1990	32. REGISTRAR'S SIGNATURE Splia Devidon Atribula			



Frances

INEZ

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

YEAR

3. TIME OF DEATH

4:08PM

2. DATE OF DEATH DAY 11-12-90

BALTIMORE, MARYLAND 21203-3146

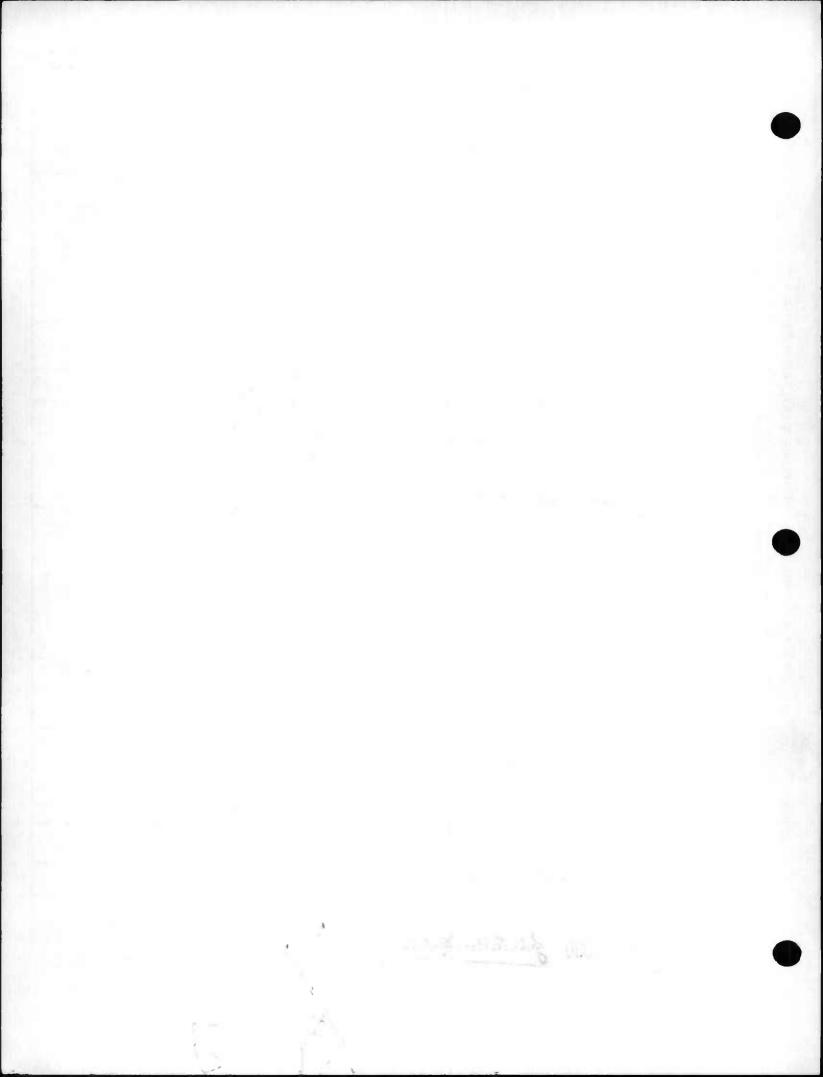
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING POSSICIAL TO LAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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DIRECTOR	10a. STATE	10b. COUNT	TY		10c. CIT	Y, TOWN OR							d. INSIDE CITY LIMITS?
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5	17. FATHER'S NAME (First	t, Middle, Last)					16	. MOTHER'S N	AME (First, I	Middle, Maiden	Surname)		
BEC	Eugene Rob	ert Ger	nius					Juanit	ta Ha	rlev			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Whitehead



should

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12110	executed within	and completely
DIVISION OF VIEW PECCEDO, F.O. BOX 13149,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	FERAL DIRECTOR. After this certificate has been signed by the attending physician and completely it
100	hat the deat	d by the atte
2	w requires t	been signer
1011	SICIAN: The lan	certificate has
2000	TENDING PHY	TOR: After this
	SPITAL OR AL	JERAL DIREC

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumati

90 31576 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH SEAR OF 4:05 PH Q Williams Aizchern 11 4. SOCIAL SECURITY NUMBER 5. SEX 6, AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-44-2454 DAYS HOURS MIN. 1 | H 2 | SE YRS. CANADA 15/04 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BROADMEAD 13801 York Rd ockeysville Cockelouille 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Cockeysville 1 TYES 2 NO Md Baltimore County FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13801 York Road 21030 U.5 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cyban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES7 1 YES 2 1 Never Married 2 Married BY Specify 3 Wildowed 4 \ Divorced White COMPLETED 15. DECEDENT'S EOUCATION 16s. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Preservationist 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Sumame) Walter Douglas Margaret Bell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2909 Charlas Wise Butler Rd Mrs Glyndon Md 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION
1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4 Donation 5 Other (Specify) Worthington Valley Balto. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 York Rd. William 21212 Balto. Md. 2 Dave Henry W .Jenkins 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each lins. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disesse or condition_ ENEBROVASCULAR resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MENIOSCI GROT AndI OVASCULIN CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIE Z PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30 NAME AND ADDRESS OF PERSON WHO WALTER HYRE M.D. 13801 YORK ROAD COCKEYSVILLE, MD. Julia Puri American - American

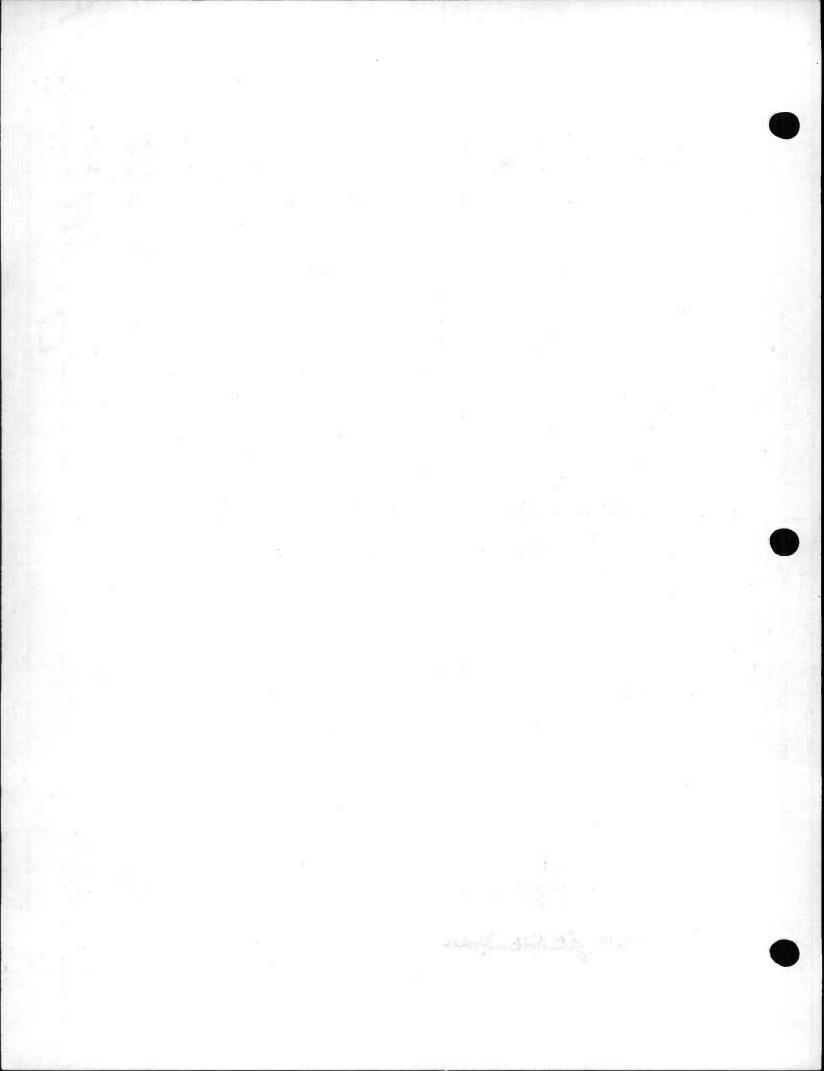
2 MEDICAL EXAMINER: on the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the causa(s) and manner as stated,

29c. LICENSE NUMBER



BE

2



10 THE FINERAL DIRCTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If term 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

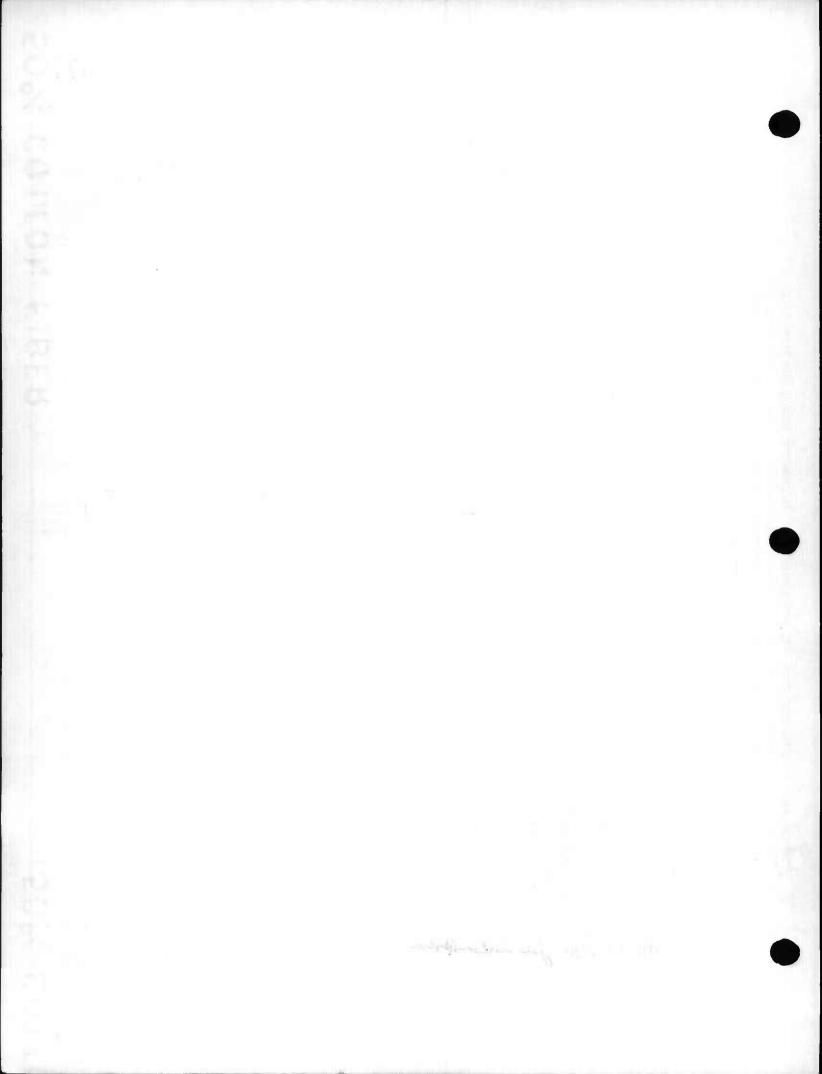
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AYS	YEAR	3. TIME OF DEATH
Doro			F.	Watso	n	1	1-11-9	90		1:27PM
SOCIAL SECURITY NUMBER	5. SEX			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
212-07-7716	1 🗌 M 2 💢 F	78	YRS.			Nov	12 1	912		ltimore
. FACILITY NAME (If not institution, give	atreet and number)				R LOCATION OF D	EATH		9c. COUN		
1121 S. Rolling	Road			CATO	NSVILLE			Balt	:1mo	re County
e, STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LOCAT	ION					10d. INSIDE CITY
Md Ba1	timore		C	atonsvi	11e					LIMITS?
o. STREET AND NUMBER				101	ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY?
1121 S. Rolling	Road				21228			U.	S.A	•
I. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S	ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN	? (Specify Ye	or No-	14. RACI	E — American Indien,
Never Married 2 Married	FORCES? 1 IF YES, GIVE W			If yee, spo	24 NO Specif		Rican, etc.)			k, White, etc.
☐ Widowed 4 ☐ Divorced									-	White
15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	160	(Give kind of wo	SUAL OCCUPATION done during mo		15b	KIND OF BU	SINESS/IND	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+		Iffe. Do NOT use	retired.)	•					
12th Grade		Ho.	usewife							
FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA					
Henry O. Fankh	ane1				Joseph	ine 1	Hohrei	.n		
a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Numi	ber, City or Tow	m, State, Zip	Code)	
arl H. Watson			1121	S. Rol	ling ROa	d, C	atonsv	ille,	MD	21228
De. METHOD OF DISPOSITION		20b. PL	ACE OF DISPOSIT	TION (Name of cen	netery, crematory or		20c. LC	CATION (ity or To	own, Stata
□ Donation 5 □ Other (Specify)	NOVAL ITOMS DIAME	Lor	raine P	ark Cem	etery		E	altim	ore	
I, SIGNATURE OF FUNERAL SERVICE L										
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23. PART/I. Enter the diseases, or shock, or heert failure. MMEDIATE CAUSE (Final disease or condition ————————————————————————————————————	complications that List only one cau a. Arteric DUE TO b. DUE TO d. DUE TO d. DUE TO d. PARTICAL: 1 Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE OF building, SICIAN: To the best of a: EF. On the basic of a:	GOR AS A CO (OR AS	Ine. COTIC Cannescourse of the second of th	t enter the moderation of the underlying the underl	g ceuse given in ACE OF DEATH (C) WYX AT JUNY AT JUN	Seas Seas Seas Seas Seas Seas Seas Seas	24a. WAS APPERFO 1 VES INQUI 100 SCRIBE HOW ATION (Street or Town, State	NAUTOPSY RMED? AND NO RY INJURY Occurrence and Number on state and due to the state and due to the state and due to the state and stat	24k 24k 24k ed. e cause(Approximate Interval Betwee Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset

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ter death. Page 6 may be retained by the hospital or attending physician. The page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after (filled in by completely executed within ununding physician and regules that the death certificate be an signed by the attending physician

BALTIMORE, MARYLAND 21203-3146

ECORDS, P.O. BOX 13146,

OR ATTENDING

HOSPITAL FUNEHAL

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23

31. DATE FILEO (Month, Day, Year)

NOV 1 3 1990

DIRECTOR

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	be notified at once.		
CHIADON, OF TOTROVAL.	nt, the medical examiner must		
The man pilot to bolist, or	y, or other traumatic eve		
R SHALL LAPT. OF PEARLY AND MAN	or Nem 23 shows any Injur		
In 72 hours after death with the	IT: If Item 28 is marked, o		
ē	N	1	

11/20/90 cm FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF OEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF GEATH NOVEMBER 14 1990 3:42 a.m M PAULETTE Lavern ALSTON 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In was last hirthday) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Pey, Year) 7 43 DAYS HOURS MIN. 1 - M 2 XF MD VDC 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF OEATH BALTIMORE CITY BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE MD Baltimore YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? FUNERAL 10f. ZIP COOE 1930 Burnwood 21239 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: Black BY 3 Widowed 4 M Divorced COMPLETED 16e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. OECEOENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Avon Products-sales cosmetics 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Alston Bessie Nichols 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1930 Burnwood Rd., Balto., MD. 21239 Bessie Harris 26a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State 28a. METHOD OF DISPOSITION

1 Burial 2 Cremetion 3 Removal from State

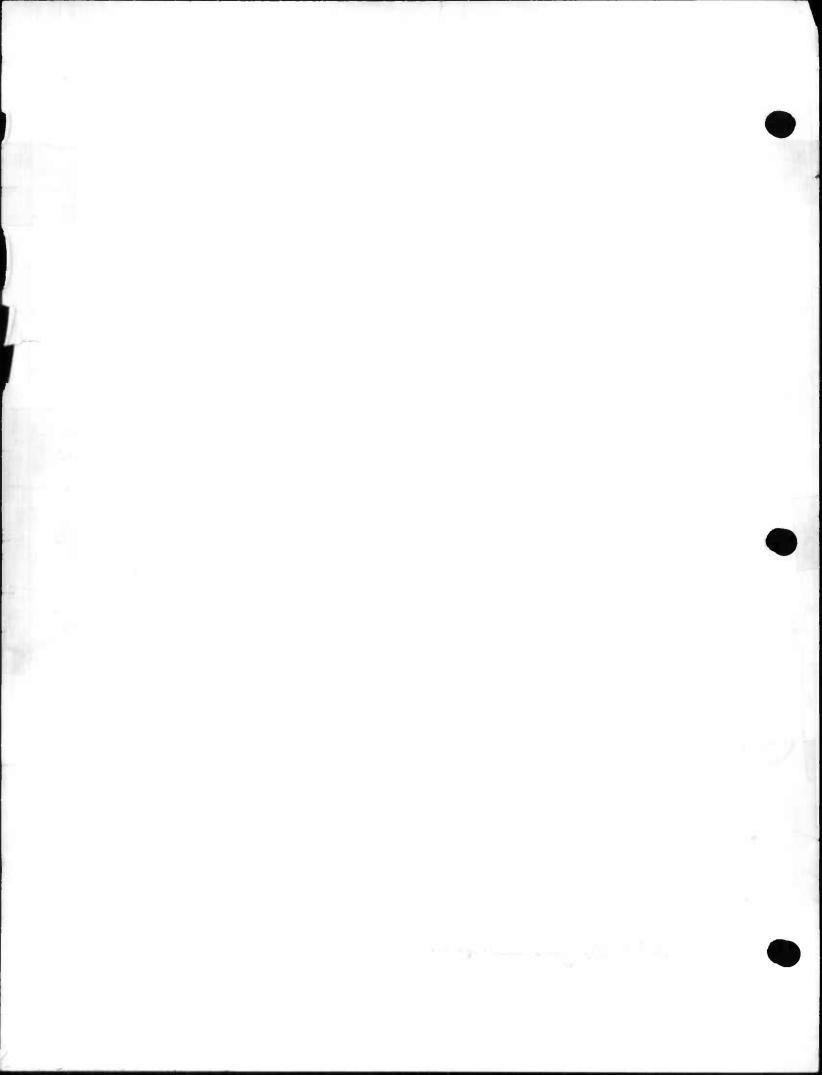
4 Donation 6 Other (Specify) Arbutus Memorial Park Balto., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph H. Brown Jr. F.H. P.O. Box ler Baltimore, MD. Approximate 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory strest, shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition___ acide Myora dea resulting in death) 12m->34n OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) disea CERTIFICATION Sequentially list conditions, if any, lasding to immediate e. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMEO? PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE noul 1 TES 2 5 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF OEATH (Check only one) EXAMINER? OTHER: etlent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 26d, OESCRIBE HOW INJURY OCCUREO 28c, INJURY AT WORK? 1 Natural
2 Accident 8 Pending м 1 YES 2 NO BY Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 6 Could not be determined ED 4 Homicide ET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and piace, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month. Day, Year) BE MD 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

600

32. REGISTRAR'S SIGNATURE

Landson Pandalle

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	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (Fire Middle, Last)					2. DATE OF OE	EATH DAY	YEAR	3. TIME OF OEATH
	Frank R. Adams					//	16	90	0130 M
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	RTH	8. BIRTH Count	HPLACE (State or Foreign
	216-14-4852	XM2 🗆 F 6	8 YRS.	NTHS DAYS	HOURS MIN.	2-19-			aryland
	9e. FACILITY NAME (If not institution, give street a	and number)	91	CITY, TOWN O	R LOCATION OF OE	ATH	9c. CO	UNTY OF D	DEATH
RO	St. Agnes Hospital			Ва	ltimore				
5	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY			OWN OR LOCAT					10d. INSIDE CITY LIMITS?
	Maryland Balti	more	Ha	lethor					1 TES 2 NO
3AL	10e. STREET AND NUMBER			101	ZIP CODE		1,0		WHAT COUNTRY?
FUNERAL	1706 Summit Avenue				21227			U.S.A	
F	1 News Married 2 57 Married	WAS DECEDENT EVER I FORCES? 1 X YES	2 NO	If yes, sp	ENDENT OF HISPAN scify Cuben, Mexical	n, Puerto Rican,		Blec	E — American Indian, ck, White, etc.
84	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify	r:		Spec	White
	16. DECEDENT'S EDUCATION	ON	16a. OECEOENT'S US	UAL OCCUPATION	ON	16b. KIND	OF BUSINESS/II	NDUSTRY	WILLE
	(Specify only highest grade comp Elementary/Secondery (0-12) Co	oleted) ollege (1-4 or 5 +)	(Give kind of work life. Do NOT use n	done during mo stired.)	st of working				
립	11th grade		Machi	nist		Ве	ethlehe	m Ste	el
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle,	Malden Surnema)	
BE (Edward Adams				France	s Macko	owski		
70	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DRESS (Street &	nd Number of Rural F	Route Number, Cit	ty or Town, State,	Zip Code)	
-	R. Aidyl Adams				ve. Bal				
	20a. METHOD OF DISPOSITION 1 Straight 2 Cremation 3 Removal	from State	 b. PLACE OF DISPOSITI other place) 				20c. LOCATION		
	4 Donation 5 Other (Specify)		Loudon Par		tery		Baltim	ore,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	71 /			rd Funer		e. Inc.		
	> Noun 1.9	JUSHUS			Wilkens		-	re. M	D 21229
	23. PART I. Enter the diseases, or companies, or haert failure. List			entar tha mo	da of dying, suci	h aa cardlac c	or respiratory	arreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	Only one cause on a	1		/				Onset and Death
	disease or condition resulting in death)	Cara	rac c	Trres	+				
	200020000000000000000000000000000000000		A CONSEQUENCE OF):	1	0.1				7
N	Sequentially list conditions,	Chroni	c rena		failure			_	3 years
ATI	if any, leading to immediate cause. Enter UNDERLYING	Advanced	CONSECUENCE OF):	columi	tre can	diarras	cular	dicea	ica Sugar
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	CIFIC	110 cai	alons	Collow	الم الم الم	30 3 9000
CERTIFICATION	resulting in deeth) LAST	Diabete	es me	1/ith.	5				
빙	PART II COLUMN II III III II III III III III III III								
DICAL	PART II. Other aignificant conditions co				g cause given in	Part I. 24a.	WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
DE			brillati	17	A	— ¹□	YES 2 TNO		OF DEATH?
ME		below-kn	ee amq	ulat	1017	-			1 YES 2 NO
Ä	HIO old	MI							
C		OSPITAL:		THER:	LACE OF OEATH (Ch	eck only one)			
IVE	1 TYES 2 NO 1 €	Inpetient 2 ER/Out	patient 3 L DOA 4		IURY AT		E HOW INJURY	OCCUBEO	· · · · · · · · · · · · · · · · · · ·
d	1 Natural 8 Pending	(Month, Day, Year)	INJUF	Y WO	YES 2 NO	200. 0 200.110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm, stre			261. LOCATION	N (Street end Num	ber or Rural	l Route Number,
9	4 Homicide B Could not be	building, atc. (Spe	ecify)			City or Tox	vn, State)		
F	290. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my know	wledge, death occurred	at the time, date	end place, and due	to the cause(e)	end manner es	eteted.	
COMPLETED BY PHYSICIAN:	one)	3							(e) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	. //			29c. LICENSE NUI	MBER	29d. C	ATE SIGNE	EO (Month, Day, Year)
8E	Burge of M	Ulmby	mo At	tendina	0 25	861	•	11/16	190
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF D		7	Λ	2 11			
	Bruce R. McCu	rdy MO	1311 F	rancts	Ave 1	Salto	MD	21:	227
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG				C16			
	NOV 1 9 1990	Greha Davids	on fandelle						

TO THE HOSPITAL OR LITER OF PARK ICLAN. The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL CHECKER, Mile of which has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filed within 72 hours and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

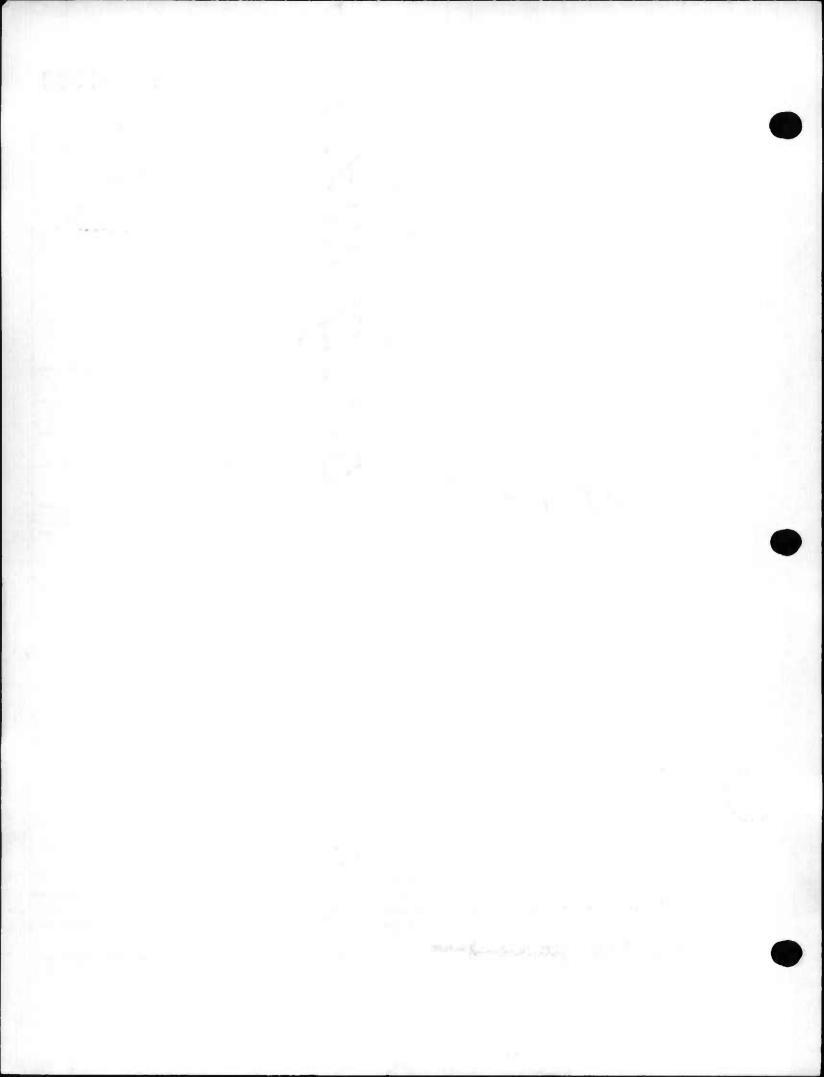
OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR APPENDING PRIVE CAN: The law requires that the death certificate be executed within Extrours after death. Page 6 may be retained by the 1	TO THE FUNERAL DIFFERENCE of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	å	IMPORTANT: If from the market, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one
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1 - STATE REGISTRAR	STATE OF I			RTMENT OF			MENTAL HYG		90	31580
1. DECEDENT'S NAME (First, Middle, Last)	Lawyer	Bry	ant,	Sr			2. DATE OF DEAT		1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 279-38-8718	5. SEX 1 M 2 F	6. AGE (In yrs. 60	last birthday) YRS.	IF UNDER 1 YE		NDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye 2-18-	H nr)	_	IPLACE (State or Foreign Y) N.C.
98. FACILITY NAME (If not institution, give a Baltimore County		Hospi	tal	Rance		town	EATH	9c, CO	OUNTY OF D	EATH
10e. STATE 10b. COUNT	Υ			altimo	`e					10d. INSIDE CITY LIMITS? 1/1/1 YES 2 \(\) NO
3914 Reisters	town Road	1			212	77.7		10g. C	U S	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2		If yes		Luban, Mexic	NIC ORIGIN? (Speci en, Puarto Rican, at fy:		14, RACI Black Speci	E — American Indian, k, Whita, atc.
15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Thomas Ryyant			DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUP work done during use retired.)	ATION most of w	orking	16b. KIND O	F BUSINESS/II	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Thomas Bryant							AME (First, Middle, M Payton	alden Sumame)	
Doris Bryant							Acute Number, City of ad Balt			5
20a. METHOD OF DISPOSITION 1 \(\times \) Buriel 2 \(\times \) Cremation 3 \(\times \) Rien 4 \(\times \) Donation 6 \(\times \) Other (Specify)	- Annual Control	20s PLAC other	place)	udon Pa	remetery,	cremetory or emete	ery 20	Baltin		
21. SIGNATURE OF PHOGRAL SERVICE U	land				arch 300	F/H W Wabas	lest h Avenue			
23. PART I. Enter the disease, or shock or heert failure. IMMEDIATE/CAOSE (Final disease or bendition resulting in dasth)	List Dnly one car	use Dn eech li	ne. ble	Seps	is					Approximate Interval Betwee Onset and Day
Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	Geven OR AS A CONS DIAD OR AS A CONS Hyper	e s	rende	eite	aile s	and and	Almi	a	
PART ii. Other aignificant conditio	na contributing to	death but no	et resulting	In the under	ying ceu	se given ir	PI	AS AN AUTOPS INFORMED? ES 2 NO	SY 248	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL					R PLACE	OF DEATH (C	theck only one)			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 inpatient 2 28a. DATE O (Month)		28b. Til	OTHER: 4 Nursing ME OF 28c	Home 5 (INJURY / WORK?	Residence	8 Other (Specification of the Specification of the		OCCURED	
2 Accident Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN		OF INJURY — At , etc. (Specify)	home, farm,		Office	2 NO	281. LOCATION (S City or Town,	Street and Num. State)	ber or Rural	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	7/1									e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIC	Par	Mille	wD	4	29c.	D3	UMBER 2158		ATE SIGNE	9 (90
30. NAME AND ADDRESS OF PERSON W	NTAW	STRE	TEM 27) (7)	SUITE	40	7,	BALTIM	WRE	MD	21201.
31. DATE FILED (Month, Day, Year) NOV 1 9 1990		AR'S SIGNATURE								



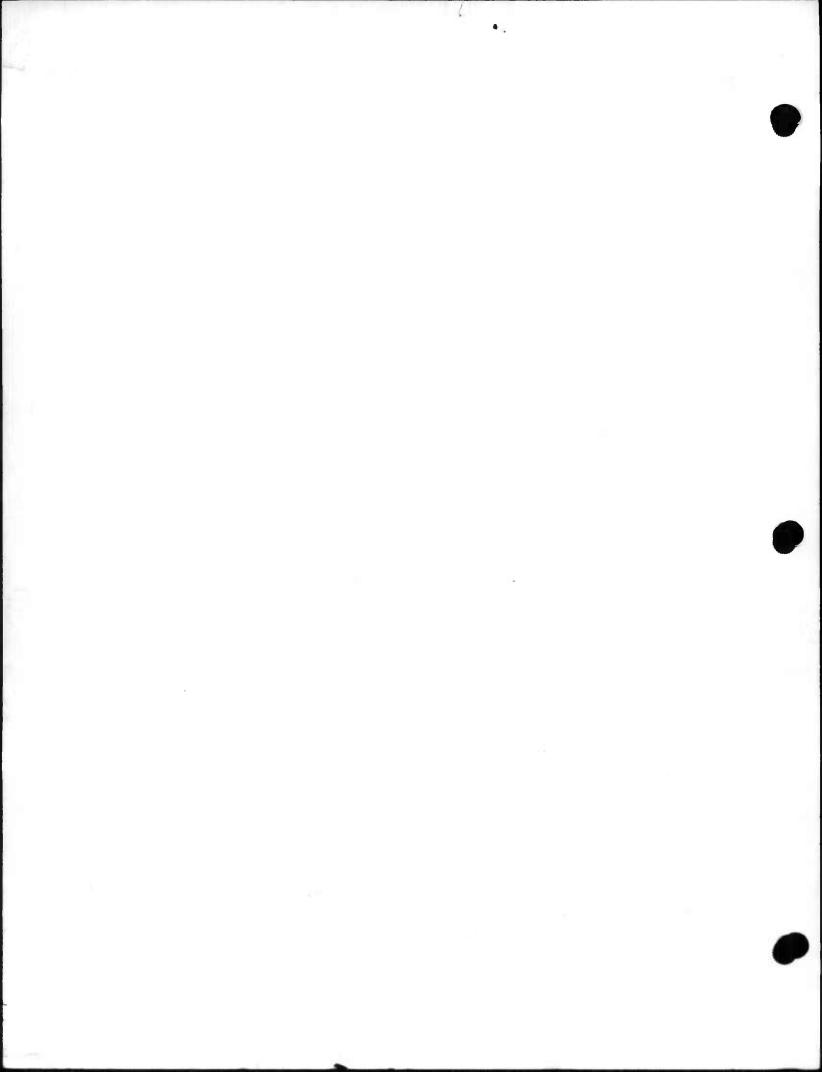
FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by we hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI			MENTAL HYGIEN		0 01001			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	AY YI	3. TIME OF DEATH			
	male	Blake					0 9	0 900 PM			
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
į	none	<u> </u>	MIS, SOME.	41		11-6-90	_	13alt, Mg			
~	9a. FACILITY NAME (If not institution, give s	reet and number)	,	B. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	of DEATH			
5	RESIDENCE OF DECEDENT	rae.		13000	1		1.	100 0.19			
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	MD		Ba		re City			1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
NE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	LC ADMED	T to HEO DEO	DIRECT OF HIGHE	NC ORIGIN? (Specify Ye		RACE American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spi		n, Puerto Rican, etc.)	14.	Black, White, etc.			
ВУ	3 Widowed 4 Divorced	ii 125, GIVE WAIT ON DAIL		1 1 1 1 1 1 1 1	2 NO Specify			Specify.			
8	15. DECEDENT'S EDU (Specify only highest grade	CATION 1 completed)	6a. DECEDENT'S US (Give kind of wor	k done durina mo	N st of worlding	16b. KIND OF BU	SINESS/INDUS	TRY			
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i	wared.)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)				
						naron L.		e			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DORESS (Street a		Route Number, City or Tox					
F	Sharon Blake	Mother									
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	oval from Stata 20b. F	PLACE OF DISPOSIT other place)	ION (Name of cen	netery, crematory or	20c. L	CATION — City	or Town, State			
	Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE		22 NAME AN	ID ADDRESS OF FA	CHITY					
	X	RONALD	WADE			STATI		OMY BOARD			
	1 Jonacy	Mulle	11/11/20			oStreet,					
	· ·	List only one cause on eac		t enter tha mo	de or dying, suc	n au carmiec or resp	нгакогу агтеа	Approximata interval Between Onset and Death			
	IMMEDIATE CAUSE (Fine) disease or condition	Docoursh	VI. Tu	cu CC.	0.000			Oliset and Death			
	resulting in deeth)	. Respiratory Insuffiency Due to (OR AS A CONSEQUENCE OF): - With Prematurity 20 WICS									
Z	Sequantielly liet conditions,	whelly list conditions on witnesse frematurity 20 wics									
ATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	7							
FIG	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A C	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST	d.									
	PART ii. Other aignificant condition	ne contributing to death but	t not moulting in	the underhile	r cause alven in	Part I. 24a, WAS A	VALITIONEV	24b. WERE AUTOPSY FINDINGS			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

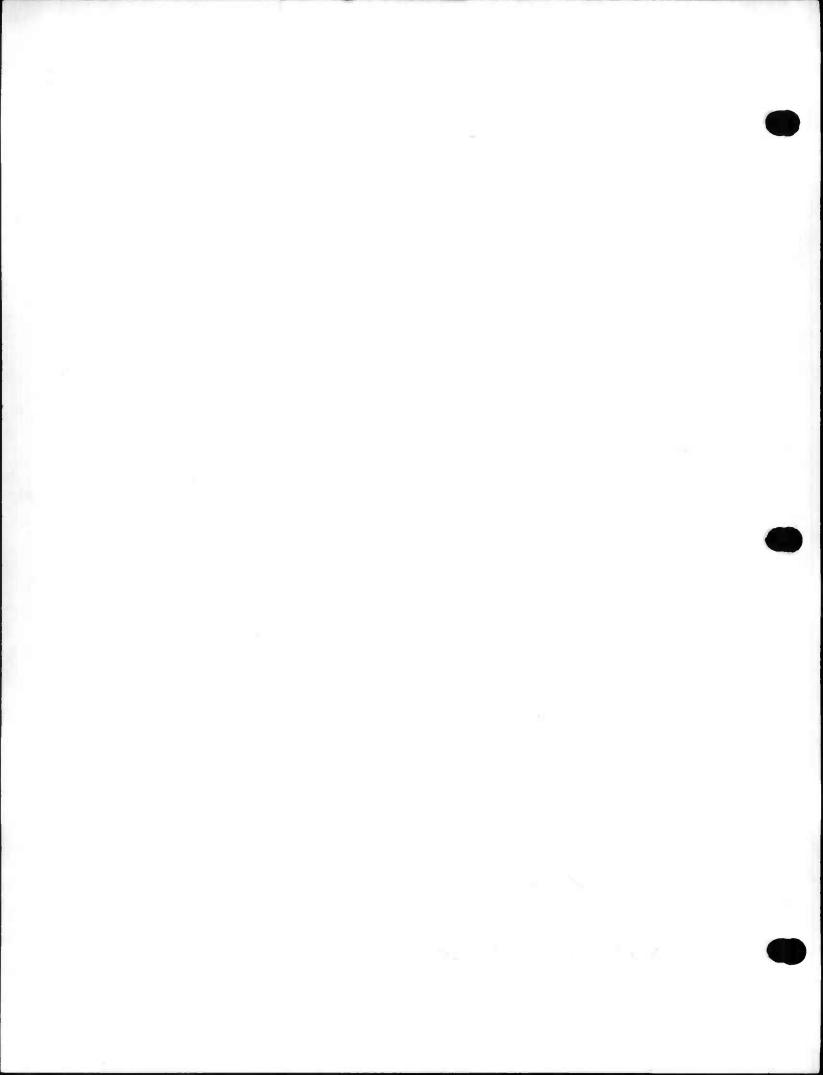
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OCME 11-18-90	PART II. Other significant con 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pendin 2 Accident Investig 3 Suicide 6 Could 4 Homicide determ 29s. CERTIFIER (Check only 1 CERTIFYING	HOSPITAL: 1 Inpatient 2 28e. DATE C (Month, getton not be ined 2 PHYSICIAN: To the best	DER/Outpatient DF INJURY Day, Year) OF INJURY — At I g, atc. (Specify) of my knowledge, to	3 DOA 28b. Tilk IN.	OTHEF 4 Num ME OF JURY M	26. PL/RI: sing Home 28c. INJL WOI 1 U Y tory, office	ACE OF DEATH (Ch • 8 X Rasidence • 9 NO	8 Other (: 28d. DESCI 28f. LOCAT City or	PERFORMI NES 2 Specify) RIBE HOW INJ FION (Street and rown, State)	URY OCCURED I Number or Pur	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Pair Route Number,	
	PART II. Other significant con 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pendin 1 Netural 8 Pendin 2 Accident Investin 3 Suicide 6 Could 4 Homicide determ 29s. CERTIFIER (Check only one) 2 X MEDICAL E	ICAL HOSPITAL: 1 Inpatient 2 28e. DATE C (Month, not be lined) 28e. PLACE building 2PHYSICIAN: To the best of	DER/Outpatient DF INJURY Day, Year) OF INJURY — At I g, atc. (Specify) of my knowledge, to	3 DOA 28b. Tilk IN.	OTHEF 4 Nurrel ME OF JURY M street, factored at the ti	26. PL/RI: sing Home 28c. INJL WOI 1 U Y tory, office	ACE OF DEATH (Chi	8 Other (c. 28d. DESCI	PERFORMI 1 X YES 2 Specify) RIBE HOW INJ RIBE HOW INJ RIBE HOW INJ ROWN, State)	URY OCCURED If Number or Rue pr as stated, due to the caus	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO rel Route Number,	
	PART II. Other significant con 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pendin 1 Netural 8 Pendin 2 Accident Investin 3 Suicide 6 Could 4 Homicide determ 29s. CERTIFIER (Check only one) 2 X MEDICAL E	ICAL HOSPITAL: 1 Inpatient 2 28e. DATE C (Month, not be lined) 28e. PLACE building 2PHYSICIAN: To the best of	DER/Outpatient DF INJURY Day, Year) OF INJURY — At I g, atc. (Specify) of my knowledge, to	3 DOA 28b. Till IN. home, farm, death occur	OTHEF 4 Nurrel ME OF JURY M street, factored at the ti	26. PL/RI: sing Home 28c. INJL WOI 1 U Y tory, office	ACE OF DEATH (Chr 8 X Residence 10 X Residen	8 Other (: 28d. DESCI 28f. LOCAT City or a to the cause time, date at	PERFORMI 1 X YES 2 Specify) RIBE HOW INJ RIBE HOW INJ RIBE HOW INJ ROWN, State)	URY OCCURED If Number or Rul or as stated, due to the cau	AMMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Tel Route Number, See(a) and menner as stated NED (Month, Day, Year)	

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a part of the death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THEM S. I. P. S. Should be detached by use as the burial-transit permit. Pages 1, 2, 3 should be should be detached by use as the burial-transit permit. Pages 1, 2, 3 should be should be detached by use as the burial-transit permit. Pages 1, 2, 3 should be should be detached by use as the burial-transit permit. Pages 1, 2, 3 should be should be detached by use as the burial-transit permit. Pages 1, 2, 3 should be should be detached by use as the burial-transit permit. Pages 1, 2, 3 should be should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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AL DIRECTOR: After this certificate has been been amonging provides and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Deat, or remove an other to burial, cremation, or remove.	If item 28 is marked, or item 23 cows are injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR		STATE OF N			TMENT O		ALTH AND I	MENTAL	HYGIEN REG. NO		50	313	0 0
1. DECEDENT'S NAME (Fire Betty 4. SOCIAL SECURITY NUM	Mar	5. SEX	B. AGE (In yrs.		IF UNDER 1 Y	_	IF UNDER 24 HRS.	2. DATE O MONTH 7. DATE O (Month,	F BIRTH	8-	90 8. BIRTHI	3. TIME OF DEAT	A "
214-86- 90. FACULTY NAME (II FOR II ROSCULT RESIDENCE OF DE	1520 natitution, give str	1 M 2 AF	ter	YRS.			LOCATION OF DE	5-	1	29 9c, COUN	MQ NTY OF DE	Y lan	d
RESIDENCE OF DE 100. STATE	10b. COUNTY				Y, TOWN ORI							10d. INSIDE CITY LIMITS? 1 YES 2	
1800 Hol		St Apt	301E				21P CODE 1 2 2 3			10g. CITI	USA	HAT COUNTRY?	
3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED INO	H y	es, spec	NDENT OF HISPAN	n, Puerto R		on or No—	14. RACE Black Specif	- American Indi White, etc.	
	CEDENT'S EDUC hy highest grade (0-12)		+)	(Give kind of life, Do NOT u	work done duri se retired.)	ing most	of working	16b.	KIND OF BU	JSINESS/IND	DUSTRY		
17. FATHER'S NAME (First,) James Co							16. MOTHER'S NA Mary			n Sumeme)			
Mary Col	**						Number or Rurei					MD.	
Mary Collins 1800 Hollins St, Apt 301E, BaltoMD. 200_METHOD OF DISPOSITION 200_DISPOSITION (Name of cometary, crematory or differ places) 200_DISPOSI													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):											Between		
if any, laading to imm cause. Enter UNDERU CAUSE (Disease or in that initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ant condition	a contributing to	death but no	ot resulting	In the unda	arlying	cause given in	Part I.		N AUTOPSY ORMED? 2 K NO	24b.	WERE AUTOPSY I MAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE
25. WAS CASE REFERRED EXAMINER? 1 7 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:		6 Residence						
	Pending Investigation	26a. DATE O (Month,)	F INJURY Day, Year)	26b. Ti		Bc. INJU WOR	IRY AT	1		INJURY OC	CURED		
2 Accident 3 Suicide 4 Homicide 26a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 26a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										Route Number,			
29a. CERTIFIER 1 CEI (Check only one) 2 ME		CIAN: To the best of		Second Control			- Hilliam Village					e) and manner as	stated.
296. SIGNATURE AND TITE	E OF CERTIFIES	Manur	2	red P	h soi	cia	29c. LICENSE NU.	MBER 25.		29d, DA1	TE SIGNED	(Month, Day, Year — 9 O)
30. NAME AND ADDRESS		O COMPLETED CAL	DIE T	TW B	e, Print)	POS	EWOOD	C	ERF	TEP .	-6u	1465 H	ILL!

32. REGISTRAR'S SIGNATURE

Fulle Davidson Bandase.

NOV 19 1990

MD

magnitude of the

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

236	CHARLES Robert Bailey 11 17 90 8:06 a.m										8:06 a.m.		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIR (Month, Day,			Country)	LACE (State or Foreign
	721-18-4641	XiXXXII 2 🗍 F	64	YRS.	MONTHS	DATE	HOUNE	milit.	10/29/	/26			nsylvania
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY	Y, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUN	TY OF DE	ATH
P P	THE JOHNS HOP	KINS HOS	PITAL		BALTIMORE CITY BALTIMORE					RE			
띪	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c, CIT						IOd. INSIDE CITY			
DIRECTOR	MD			l F	Balt	imo	re					,	LIMITS?
	10e. STREET AND NUMBER				Baltimore Tion, ZIP CODE						10g. CITIZ		IAT COUNTRY?
FUNERAL	2521 Liberty	Height	116		21215			U	SA				
2	11. MARITAL STATUS							IIC ORIGIN? (Spe		or No-	14. RACE -	- American Indian,	
										Sple/	White, atc.		
BY	3 Widowed 4 Divorced												
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DE	ECEDENT'S live kind of a. Do NOT u	work done	during mo	ON at of worldr	ng	16b. KIND	OF BUS	INESS/INDU	USTRY	
빌	Elementary/Secondary (0-12) UNKNOW	College (1-4 or 5		ache					Comn	nun	itv	Coll	Lege of
M							10 MOT	HED'S NA					
ö	17. FATHER'S NAME (First, Middle, Lest) Robert J. Bai	ley					Mar	gue	ME (First, Middle, rite V	Ves	tbro	ok	
BE	19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e							
2	Mrs. John 0 B	oyle		604	Wal	ler	son	Roa	Route Number, City d/Ba1t	.0.	MD	212	228
	20a. METHOD OF DISPOSITION 1 Burlal & Cremation 3 Remo	uml fanos Ctato	20b. PLACE	OF DISPO	SITION (N	leme of cer	netery, crer	netory or			CATION — C		
	4 Donation 5 Steel (Specify)	Wall from State	Gre	enmo	unt	Cr	emat	ory	·	Ba:	ltim	ore,	, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0				D ADDRE			7	1	11.	Т
	D Pate	N 83	Sus	_	2	ter	Fina	y AS	nton i	'uno	eral	НОП	ne, Inc.
	23. PART i. Enter the diseases, or o												Approximata
1	IMMEDIATE CAUSE (Final												interval Between Onset and Death
1 1	disease or condition == Esophagea (eat (Empyema))											Imonth	
	DUE TO (OR AS A CONSEQUENCE OF):											-	
Z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
ATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS O CONSE	OUENCE C	F):								
5	CAUSE (Disease or Injury	C. DUE TO	OR AS A CONSE	OUENCE O	n:								1
CERTIFICATION	that initiated events resulting in death) LAST		(01110		. ,.								
핑		d											+
A	PART ii. Other significant condition			resulting	in the u	ındariyin	g cause	given in		WAS AN PERFOR	AUTOPSY MEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Respiratory	Compro	misse"						17	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
M	/								_ '				1 - YES 2 NO
ÿ													
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			ОТНЕ		LACE OF E	DEATH (C)	neck only one)				
₹	1 YES 2 NO 27. MANNER OF DEATH	1 Nnpatient 2 28a, DATE O	ER/Outpatient	3 ∐ DOA 28b. Til				eeldence	8 Other (Specale)		HIBY OC	TIBED	
унч /	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY		JURY AT DRK? YES 2	NO	20d. DESONID			JONED	
B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY At h	ome, farm,	street, fe	ctory, offic			26f. LOCATION	(Street e	and Number	or Rural R	oute Number,
U 4 Homicide determined bullaring, etc. (specify)													
29e. CERTIFIER (Check only Control of the Course of the C													
COMPLET	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES	1	411				29c. LIC	ENSE NU	WBER	7 11 11 11	29d. DAT	E SIGNED	(Month, Day, Year)
BE	Mh.1111	_ ///	157				1		35		>	11/1	7/91)
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)		/						1110
	10111 40 6-	owners and											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



31. DATE FILER (MONT. 1977, 1990)

32. REMSTRAR'S SIGNATURE

90

YEAR

2. DATE OF DEATH MONTH DAY

31584

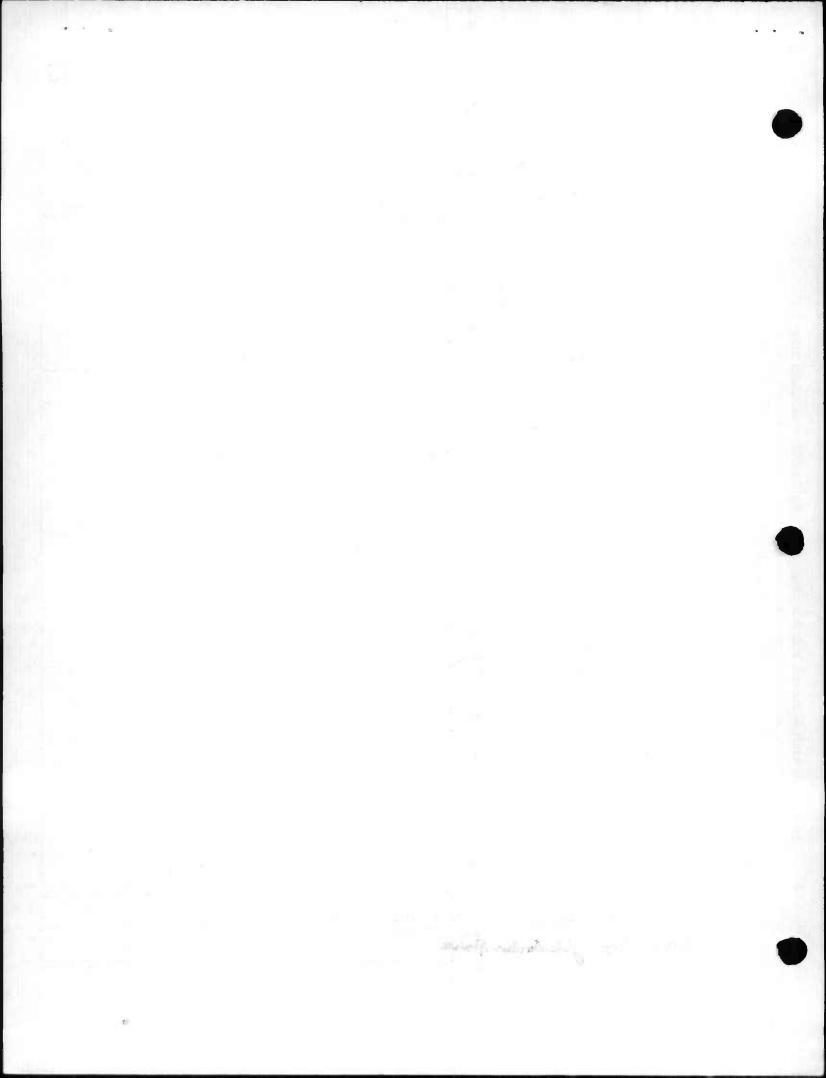
3. TIME OF DEATH

121 86 28

DHMH-16 Rev 1/89

		1
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	_
E.	s fied within (2 yours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	-
e funeral director, page 5 should be detached	TO THE FAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
death. Page 6 may be retained by the hosp	TO THE HOSPIAL OR WITENDING PHYSICIAN: The law requires that the death certificate be executed within a ris after death. Page 6 may be retained by the hosp	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEAL CERTIFICATE OF DE	TH AND ME	ENTAL HYGIENE REG. NO.		0 01000					
	1. DECEDENT'S NAME (First, Middle, Last)	2	DATE OF DEATH	-VE	3. TIME OF DEATH					
	Frances M. Brooks		11 16	96	/ /3 / "					
	4. SUCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. loss birthday) F UNDER 1 YEAR IF UNDER 1 YEAR	MDER 24 HRS. 7.	2/16/189	7 18	Maryland					
	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LO			c. COUNTY						
TOR	Keswick Home/700 W. 40th Street Baltim	ore								
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10b. COUNTY 10c. CITY, TOWN OR LOCATION								
AL		00E		-	OF WHAT COUNTRY?					
HE I	700 West 40th Street	21211			JSA					
B		Çuban, Mexican, I	ORIGIN? (Specify Yes o Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White					
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Sine kind of work done during most of willing to Notice retired,) (Sine kind of work done during most of willing to Notice retired,)	working	16b. KIND OF BUSIN	ESS/INDUST	RY					
PE	Elementary/Secondary (0-12) College (1-4 or 5+) homemaker		own ho	me						
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Frank J. Murphy	Mother's NAME Margar	et Walms	ley						
TO BE	198. INFORMANT'S NAME (Type/Print) Frances Brooks Hill 2040 Gilldale	umber or Rural Role Drive	the Number, City or Town,	sième, zip Cod	21011					
	20s. METHOD OF DISPOSITION 1XX urial 2 Cremation 3 Removat from State 4 Donetion 6 Other (Specify)	r, cremetory or	ž ²⁰ c poc Elkt	on,	or Town, State					
		DDRESS OF EACIL	on Funer	21 H	ome, Inc.					
	Kolavel P. Xtanks 736 /E	dmonds	on Ave/B	alto	. MD 21228					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of ahock, or heart failure. List only one cause on each line.	of dyling, auch a	na cardiac or reapira	tory arrest,	Intarvai Batween					
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Carcleac C	west	_		Murale					
	disease or condition resulting in death) a. Carcleac archiver Carcleac archives a consequence op: Authorized Least Alexander									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
S	Cause, Enter UNDERLYING CAUSE (Disease or Injury									
	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	d									
DICAL	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying care	use given in Pa	PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN: MEDIC			_		1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE	OF DEATH (Check	k only one)							
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5	☐ Residence 6	Other (Specify)							
PHY	27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF 28c. INJURY WORK?	AT 2	ed. DESCRIBE HOW IN	URY OCCUR	ED					
BY	1 Netural 5 Pending M 1 YES 2 Accident Investigation									
	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 286. PLAC									
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and medical managements of the basis of examination and/or investigation, in my opinion, death				nuse(s) and manner as stated.					
BE C	29b. SIGNATURY AND TITLE OF CENTIFIEN 29c		GNEO (Month, Day, Year)							
10 8		D1295	1	> 11	117190					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 3925 Beech and Bate Mel. 21211	١.								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 1 9990 July Deviden Andreas									



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DHMH-18 Rev 1/89

m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

G-669 11/27/90 c FOR 1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEAL	JH AND M	IENTAL HYGIEN		0 31586					
		CERTIFIC	CATE OF DE	ATH	REG. NO).						
1. DECEDENT'S NAME (First, Middle, Last) William Frede	erick Brack				2. DATE OF DEATH	90	3. TIME OF DEATH 9:00am					
4. SOCIAL SECURITY NUMBER 220 - 44 - 5582			IF UNDER 1 YEAR IF UNDER 1 YEAR HOL	INDER 24 HRS. IRS MIN.	7. DATE OF BIRTH 1071471	893	BIRTHPLACE (State or Foreign Country) Maryland					
9a. FACILITY NAME (If not institution, give s 6108 York Ro			Baltimo		АТН	9c. COUNTY	OF DEATH					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	1		town on Location				10d. INSIDE CITY LIMITS?					
100. STREET AND NUMBER 6108 York Roa	nd.		101. ZIP			10g. CITIZEN	XX YES 2 □ NO OF WHAT COUNTRY? USA					
11. MARITAL STATUS 1 Never Merried XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	XZX ND	13. WAS DECENDE	NT OF HISPANI Cuben, Mexicen	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	e or No— 14.	RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION ork done during most of a retired.)	working	16b. KIND DF BU	JSINESS/INDUS						
unkno		invest	ment		self-	employ	ed					
17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NAM	AE (First, Middle, Meide	n Surname)						
Henry L. Brac	k			Emma	Schmidt							
19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and No									
Eleanor G. Brack 6108 York Road/Balto. MD 21212												
20a. METHOD OF DISPOSITION 1 Burlel 2 CXCOmmetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Greenmount Crematory Baltimore, MD												
21. SIGNATURE OF FUNERAL SERVICE LA	Colo		Bradl 2134 W	.ey-As	hton Fu	neral Road/	Home, Inc.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AS A	d the death. Do no ach line. A CONSEDUENCE OF)	å	of dying, such	ea cerdiac or rea	piratory arrea	Approximate interval Batwee Onset and Dea					
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other eignificant condition	na contributing to death b	out not resulting in	tha underlying ca	use given in I		PRMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inputlent 2 ER/Out											
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Morith, Day, Year)	28b. TIME INJU			28d. OEŞCRIBE HOW INJURY OCCURED							
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, st	reet, factory, office		28f. LOCATION (Stree City or Town, Stat		Aural Route Number,					
(Check only	(Check only 1 CENTIFYTHO PHYSICIAN: 10 the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(e) and memor as stated.											
2 MEDICAL EXAMIN 296, SIGNATURE AND TITLE OF CERTIFIE	The state of the s			29c. UCENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)					

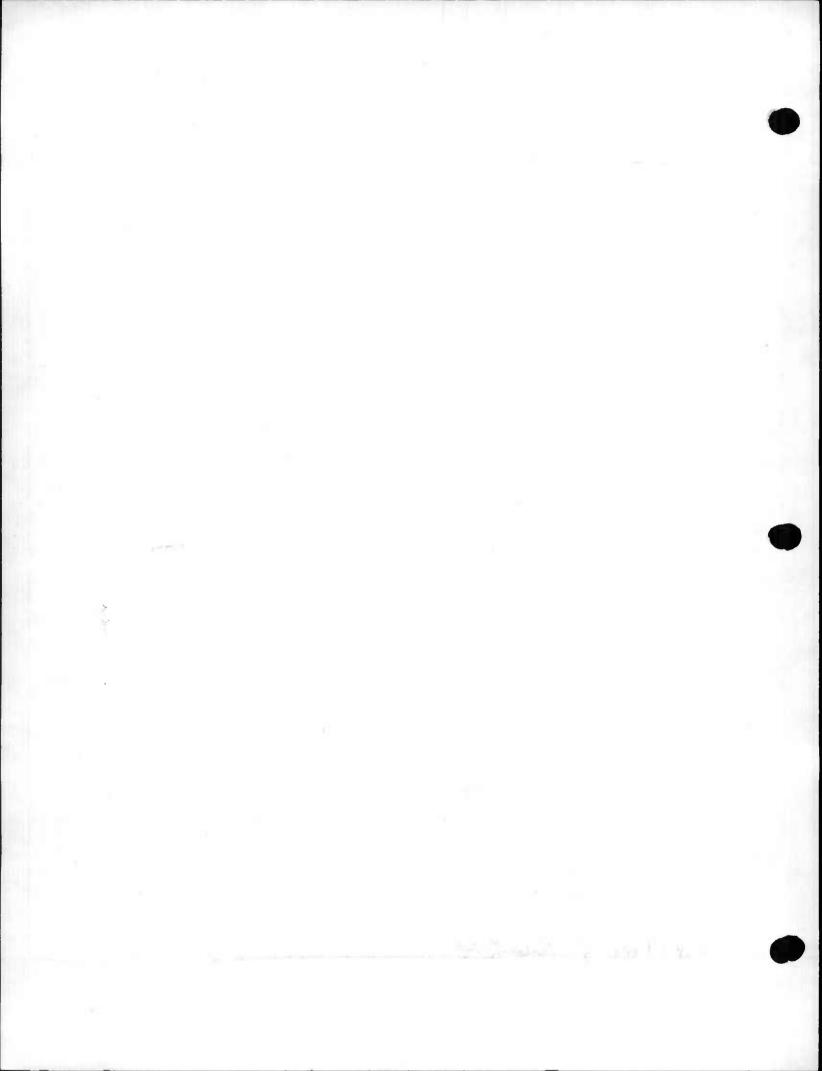
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31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

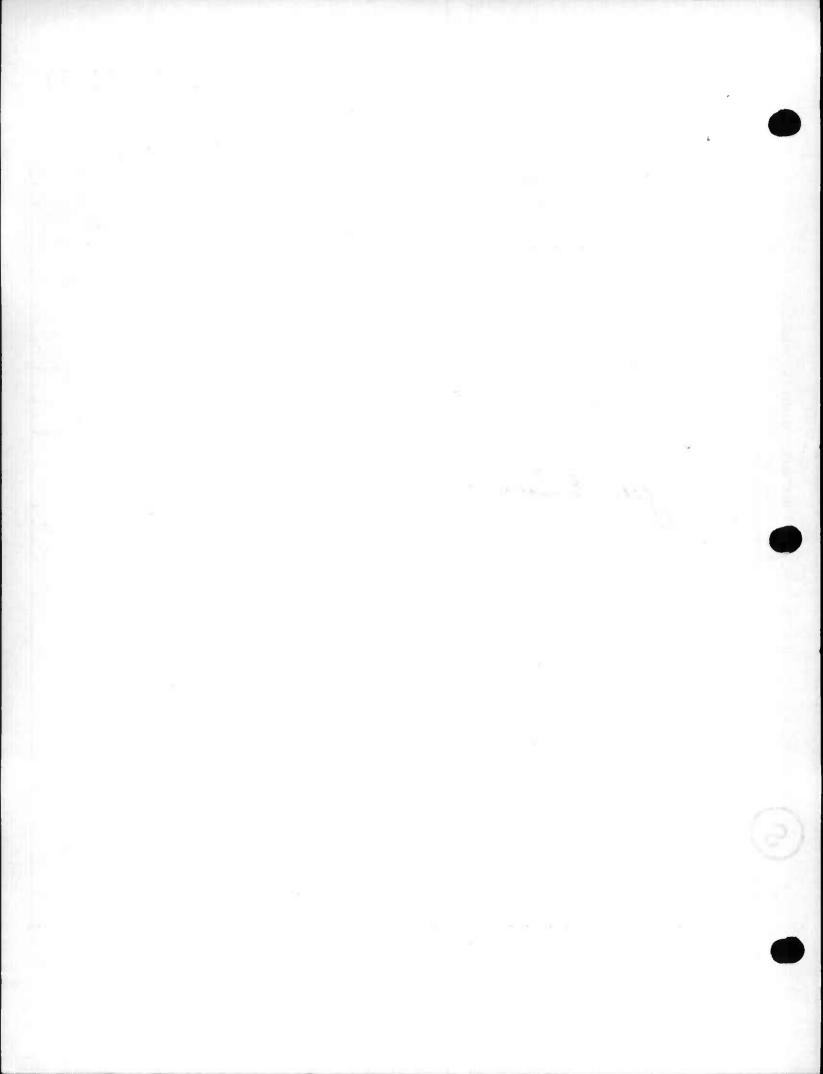


REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) Albert F. Back	haus, Jr		C	2. DATE OF DEATH NONTH 16/1990	3. TIME OF DEATH 2:45 A. M				
	SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/6/1920	Balto., MD				
98. FACILITY NAME (If not institution, give stree Meridian Perrin		9	96. CITY, TOWN OR LOCATION OF DEATH Baltimore Baltimore Baltimore						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY. 1	OWN OR LOCATION		10d. INSIDE CITY				
MD Balti	more		Baltimore		LIMITS? 1 YES 2 NO				
1342 Meridene D	rive		10f. ZIP CODE 21239	10g. (USA				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 300	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Spec		14. RACE — American Indian, Black, White, etc. Specify: White				
4 0		16a. DECEDENT'S US (Give kind of word life. Do NOT use in Purchas	ual occupation of done during most of working street. See Agent	E. H. Phi	Contracto				
17. FATHER'S NAME (First, Middle, Last)			48 MOTHER'S M	AME (First, Middle, Melden Surnam	-1				
7	ackhaus 4	SA		mie Naumann	•)				
19a, INFORMANT'S NAME (Type/Print)	MCMIIAAS *		OORESS (Street and Number or Rura		Zio Code)				
Marjorie A. Bac	khaus		Meridene Dr						
20a. METHOD OF DISPOSITION Burlel 2 Crametion 3 Remova Donation 5 Other (Specify)	20	b. PLACE OF DISPOSITI	ON (Name of cometery, crematory or arkwood Ceme	20c. LOCATION	- City or Town, State				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 8521 Loch Raven Blvd. 21204									
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTUNG CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions of	contributing to death	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE				
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)					
	IOSPITAL:		THER: X Nursing Home 5 Residence	6 Other (Specify)					
27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
CONTROL ONLY			at the time, date and place, and do		stated.				
296. SIGNATURE AND TITLE OF CERTIFIER	ni.	ev 1	29c. LICENSE N	JMBER 29d.	DATE SIONED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO OF THE PROPERTY OF THE PROP	P A 32. REGISTRAR'S SIG	8903 HARC	rm) FRD ROAD BALTI	MORE MD	21234				

THE HARM CONTROLLED FAYSICIAN: The law requires that the death certificate be executed within zeriours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be ned with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

ON OF VITAL RECORDS, P.O. BOX 13146,

mours after death.. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146



BALTIMORE, MARYLAND 21203-3146

usion of VITAL RECORDS, P.O. BOX 13146,

TO THE HOS TO THE RUN The filed w

EXCINE PLYSICIAN: The law requires that the death certificate be executed within 2 - Cours after death. Page 6 may be retained by the hospital or attending physician.

CR. New the scrificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR n.28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
			E	RTIFICATE	0	F DEAT	rH		REG. I	NO.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middles, Last) Ethel D. Breeden 2. DATE OF DEATH MONTH DAY 15 1991 855 A M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day) Sun) VRS. MONTHS DAYS HOURS MIN. (Month, Day) Sun)									
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. CITY, FOWN OR LOCATION 10d. INSIDE CITY									
DIRI	MARYLAND BALTIMORE CO. BALTIMORE 1 PRO 2 PMO									
FUNERAL	2817 EAST JORPA ROAD 21234 4.S.A.									
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPÁNIC ORIGIN? (Specify Yea or No-If yes, specify Culatin, Maxican, Puerto Rican, etc.) 14. WAS DECEDENT OF HISPÁNIC ORIGIN? (Specify Yea or No-If yes, specify Culatin, Maxican, Puerto Rican, etc.) 15. WAS DECEDENT EVER IN U.S. ARMED IN yes, specify Yea or No-If yes, specify Yea or No-If yes, specify Culatin, Maxican, Puerto Rican, etc.)									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Elementary/Secondary (0/12) Cottega (1-4 or 5 +)									
BE COM	17. FATHER'S NAME (First, Middle, Lest) SAMUEL T, DOWELL 18. MOTHER'S NAME (First, Middle, Meiden Surname) ELVIEN MCKENXY									
10	196. INFORMANT'S NAME (Type/Print) PECORDS 196. MAILING ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zip Code) SAME AS ABOVE									
	20a, METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Africa; place) 1 ARMON (EM) 20c. LOCATION - City or Town, Bteta									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. STORY OF THE PROPERTY OF TH									
\dashv	23. PARTI. Egger thy diseases or complications that seused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a conscouence of):									
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST d									
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR TO									
PHYSICIAN: MEDICAL	Schu Derrent 1 YES 2 NO									
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? EXAMINER? EXAMINER?									
	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Marising Home 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Disy, Year) 28b. TIME OF INJURY WORK? 1 Natural 5 Pending Pending Natural 1 YES 2 NO NO NO NO NO NO NO									
TED BY	2 Accident Investigation 3 Buickide 8 Could not be detarmined Carmined Suitable Building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Steet and Number or Rural Route Number, City or Town, Steet)									
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Morith, Day, Year) 1/-/5-/990									
	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EAST CHESTIVUT HILL LA.									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 1 9 1990									

tained by the hospital or attending physician. Should be detached for use as the burial-transit BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

permit.

DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and within 20 hours after death with the State Dent of Health and Martial Hollers orior to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Bull Amos Laura 4. SOCIAL SECURITY NUMBER 6 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Dey, Year) 6/4/1904 BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 1 M 2 F 218-32-9051 86 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GENERAL FALLSTON HORFORD Fallston HOSpital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Jarrettsville 1 YES 2 NO Maryland 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21084 2144 Schuster Road U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto R

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced Caucasian ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) COMPLET /Secondary (0-12) College (1-4 or 5+) 11 4 Homemaker/Educater Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Corbin Amos Elizabeth Morse 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 same as #10 Dorothy E. O'Donnell 20a METHOD OF DISPOSITION
1 Burial 2 Cremation 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State on 3 🗆 Re other place)
11iam 4 Donation 5 Other (Specify) Watters Cemetery Cooptown. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home Jarrettsville Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between Onest and Death 652 **IMMEDIATE CAUSE (Final** tric 1 cm Z were disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS ARJUABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? NEND 1 TES 2 HO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 8 | Residence 6 | Other (Specify) 1 | YES 2 | 40 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigat 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

> DEATH (ITEM 27) (Type, Print, 0.3

> > 1990

32. REGISTRAR'S

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296, SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day)

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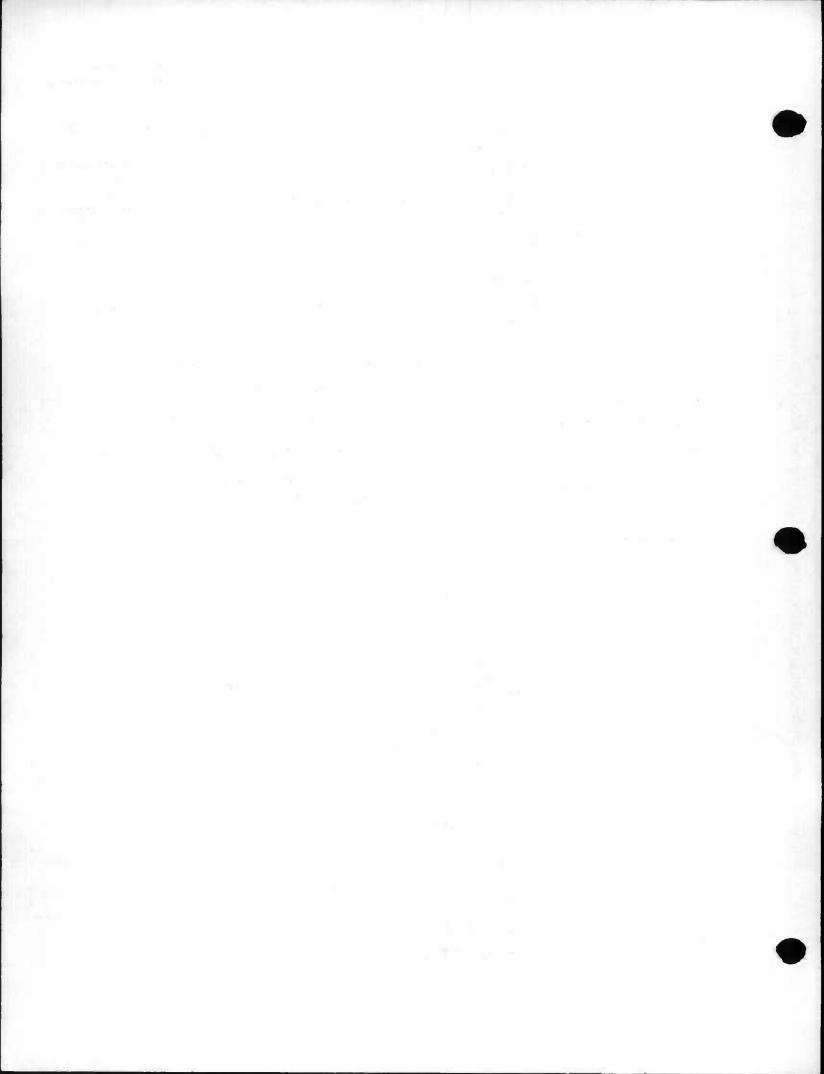
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	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGI	ENE	0 31390	
	1 001 1	Barco			2. DATE OF DEATH DAY SEAR 11:55 A M				
	A STATE OF THE PARTY OF THE PAR	SEX 6. AGE (In yrs and number)	92 YRS. MON		HOURS MIN. R LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Yes JUNE 29	, 1898 1	BIRTHPLACE (State or Foreign Country) N. Carolina OF DEATH	
DIRECTOR	Hebrew Home of Greater Washington Rockville Montgomery RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY								
L DIR	Maryland Montgo	mery		ville			10e. CITIZE	LIMITS? 1 YES 2 X NO N OF WHAT COUNTRY?	
FUNERAL	6121 Montrose R	. WAS DECEDENT EVER IN U.S.	ARIMED	ts. WAS DEC	0852 ENDENT OF HISPAI	NIC ORIGIN? (Specif	U S	S A	
BY				pecify Cuban, Maxican, Puarto Rican, etc.) 3 2 N Specify: White					
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ON 16a poleted) college (1-4 or 5+)	Give kind of work of life. Do NOT use reti	fone during mo. red.)	nN st of working		BUSINESS/INDUS	TRY	
E COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S			18. MOTHER'S NA Ida Un	Own Home AME (First, Middle, Meiden Surneme) known				
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route N					mber, City or Town, State, Zip Code) Chevy Chase, MD 20815			
	20e, METHOD OF DISPOSITION 1 A Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Mount Nebo Memorial Gdns. 20c. LOCATION - City or Town, Stata Miami, Florida								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY I ves-Pearson Funeral Homes Falls Church, VA 22046								
	23. PÁRT I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Conquestion Heart Failure DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DLM ACC. DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAM: MEDICAL C	Breast Concer	ontributing to death but n	ot resulting in the	e underlying	g cause given in	Pje	SAN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 28d. DESCRIBE HOW INJURY OCCURED								
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
BE C	290. SIGNATURE AND TITLE OF CENTIFIER 290. LICEN			29c. LICENSE NU	NUMBER 29d. DATE SIGNED (Month, Day, Year) 5779 1113 40				
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) Hebrew Home of Greater Washington, 6/2/Montrose Rd. Rochville, mn 20852								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE	,					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the oldern legislicate to executed within 24 hours after death. Pay	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending in signification and completely filled in by the funeral di	withir
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John Mehanna
31. DATE FILED (Month, Day, Year)

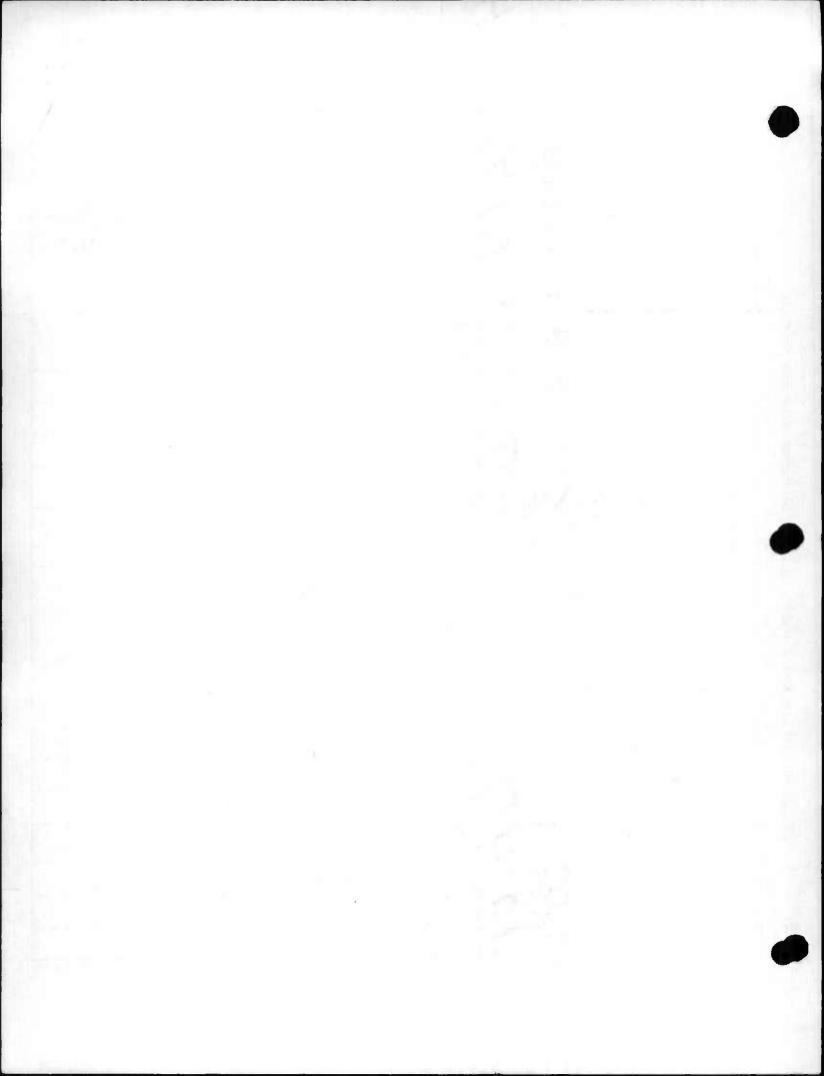
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1	1. DECEDENT'S NAME (First, Middle, Last								2. DAT	E OF DE	EATH DAY		YEAR	3. TIME OF DEATH
	EDNA	G. BROA							1	1	7	V **	90 10:30 P	
	4. SOCIAL SECURITY NUMBER 214-16-2563 5. SEX 1 M 2					DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF BIRTH 1 O' 13' 20 8. BIRTHPLACE (State of Country) MD			PLACE (State or Foreign MD		
	9s. FACILITY NAME (If not institution, give	street and number)						ION OF DE	EATH			9c. COUNT		
DINECTOR	Residence				Barton						All	Leg	any	
3	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATE						ION				-			10d. INSIDE CITY
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1	10e. STREET AND NUMBER					101	ZIP COE					10g. CITIZI	EN OF Y	VHAT COUNTRY?
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	11. MARITAL STATUS 1 New Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES A			P	M	yes, sp	ecify Cub	OF HISPAI en, Mexics Specif	ın, Puerti			r No 1	Black	American Indian, k, White, etc.
3	15. DECEDENT'S ED	DUCATION			USUAL OC				10	Bb. KIND	OF BUSIN	NESS/INDU		
7	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	Ma I	e kind of Do NOT u	work done di se retired.)	uring mo	et of work	ing						
	8			Но	1150	zi f	2				Hom	0		
	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	THER'S NA			Maiden St			
	Stanley Bro	padwater]	Cill	ey	Cal	mer			
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Numbe	or or Rural	Route Nu	mber, Cit	y or Town,	State, Zip C	Code)	
-	Otis Broadwater Cleveland, Ohio													
	Pen_METHOD OF DISPOSITION ADABurial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of commetery, crematory or when place) PNILOS Cemetery western northware place)													
	4 Donation 5 Donat (Specify)		- 1	1				ESS OF FA				0021	.po.	20,212
4	23. PART I. Enter the disease, or complications that caused the leath. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each limit interval Between Onset and Death									DOG	T AA	GTHI	CK	Fueral H
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	r complications the	at caused the less use on each line.	ith. Do	not anter	the mo	de of dy	ying, suc	St.	₩e	este or respire	rnpo ntory arre	ort out,	, MD 2156 Approximata Interval Between
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EU BI FRISION. MEDICAL	shock, or hear fellun IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. If the conditions is a sequential condition of the conditions are sufficient conditions. If the conditions is a sequential condition of the conditions are sufficient conditions. If the conditions is a sequential condition of the conditions are sufficient conditions. If the conditions is a sequential condition of the conditions are sufficient conditions. If the condition is a sequential condition condition is a sequential condition of the conditions are sufficient conditions. If the condition conditions is a sequential condition of the condition of the condition conditions are sufficient conditions. If the condition conditions is a sequential condition of the condition of the condition conditions are sufficient conditions. If the condition condition conditions is a sequential condition condition conditions are sufficient conditions. If the condition conditions is a sequential condition condition conditions are sufficient conditions. If the condition condition conditions are sufficient conditions. If the condition condition conditions are sufficient conditions. If the condition condition condition conditions are sufficient conditions. If the condition condition condition conditions are sufficient conditions. If the condition condition condition conditions are sufficient conditions are sufficient conditions. If the condition condition condition conditions are sufficient conditions. If the condition condition conditions are sufficient conditions are sufficient conditions. If the condition condition condition conditions are sufficient conditions. If the condition condition condition conditions are sufficient conditions. If the condition condition condition conditions are sufficient conditions. If the condition con	a. DUE TO b. OUE TO c. DUE TO d. HOSPITAL: 1 Inpetent 2 28e. DATE 0 (Month, in patent)	O death but not re	DOA 28b. TIM	OTHER 4 Nurse	derlyin 26. Pi	CALLACE OF THE STATE OF THE STA	given in	Part I.	24a. 1 one)	WAS AN AN PERFORM YES 2 (Street and III)	UTOPSY HED?	24b	Approximate interval Between Onset and Deat 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7
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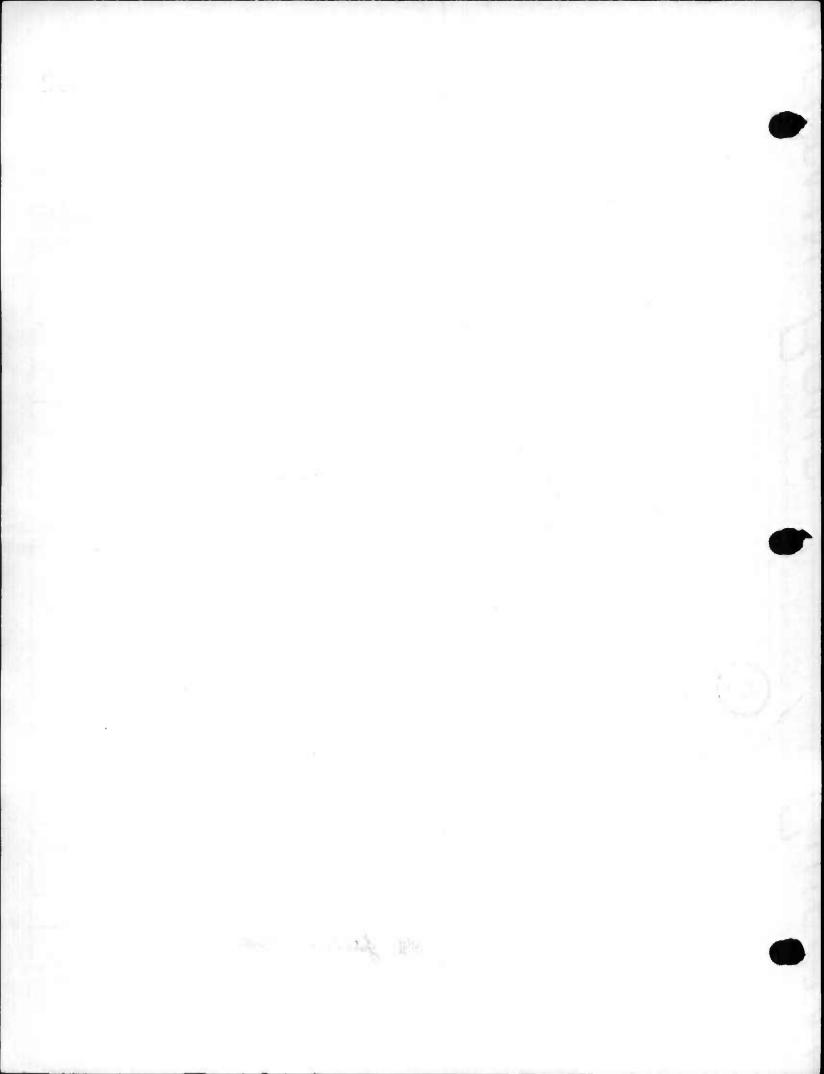
ha Lavidson-Randelle

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or other traumatic event, the medical examiner must be notified at once. death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law mon TO THE FUNERAL DIRECTOR: After this centificate bas be be filed within 72 hours after death with the State Dept. IMPORTANT: If Hem 28 is marked, or Hem 23

b	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN REG. NO.		0 31592	
	1. DECEDENT'S NAME (First, Middle, Last) VERA M.	CATLETT				2. DATE OF DEATH MONTH 1 - 16 PM	1 90 Y	3. TIME OF DEATH M	
	4. SOCIAL SECURITY NUMBER 2 1 5 - 7 8 - 2 7 0 5 1 M 2 F 3 1 YRS. Set birthdsy) 1 M 2 F 3 1 YRS. Set birthdsy) 3 1 YRS. Set birthdsy) 3 1 YRS. Set birthdsy) 3 1 YRS. Set birthdsy) 3 1 YRS. Set birthdsy) 3 1 YRS. Set birthdsy) 3 1 YRS. Set birthdsy) 4. SOCIAL SECURITY NAME (If not institution, give street and number) 8. SEX S. SEX S. AGE (In yrs. lest birthdsy) 1 MONTH'S DAY'S HOURS SHIP. 9 S. CITY, TOWN OR LOCATION OF DEATH 9 S. COUNTY OF								
TOR	1632 E. BEL				TIMORE,		ge. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNT	Y		E, CITY		10d. INSIDE CITY LIMITS? VES 2 NO			
FUNERAL		LVEDERE		101	21239		US A	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nicoland 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN Holfy Guban, Mexican 2 NO Specify:	IC ORIGIN? (Specify Yes i, Puerto Rican, etc.) :	s or No 14.	RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use DATA	rk done during mo retired.)		16b. KIND OF BU	SINESS/INDUST	THY	
BE COI	17. FATHER'S NAME (First, Middle, Linst) WILLIE C. A	NDERSON				AE (First, Middle, Maiden . DINE J(
TO E	GERALDINE A	NDERSON				oute Number, City or Tow BALTIMOF			
	20a. METHOD OF DISPOSITION Buriel 2 Cremation 3 Rer Donation 5 Other (Specify)	noval from State	PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF MEMORIAL PROPERTY OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE	ORIAL	PARK		VDALLS	STOWN, MD.	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE TAL		F 200	MARCH		01 E.	NORTH AVE."	
	IMMEDIATE CAUSE (Finel disease or condition	complications that ceused. List only one cause on each	nch line.	s eas		as cardiac or resp	iratory srreat	Approximate interval Between Onset and Death	
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant condition	ons contributing to death b	ut not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2-☑ NO	HOSPITAL:	atient 3 DQA	OTHER:	ACE OF DEATH (Che				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, IN.	TURY AT DRIK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	reet, factory, offic	•	28t. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	CONSUM UNITY	SICIAN: To the best of my know IER: On the basis of examination						ause(e) and manner as stated.	
TO BE	206. SIGNATURE AND TITLE OF CERTIFI	mill in	D.		D34	749.	29d. DATE S	IGNED/(Month, Day, Year)	
	527 st. Par	I Place.			21202	. Aut	hay	Harrell.	
	1. DATE PILED (Month, Day Year)	32. REGISTRAR'S SIGN	1 9 1990	Julie .	21202 Turdom-Ad	nde ll			



BALTIMORE, MARYLAND 21203-3146

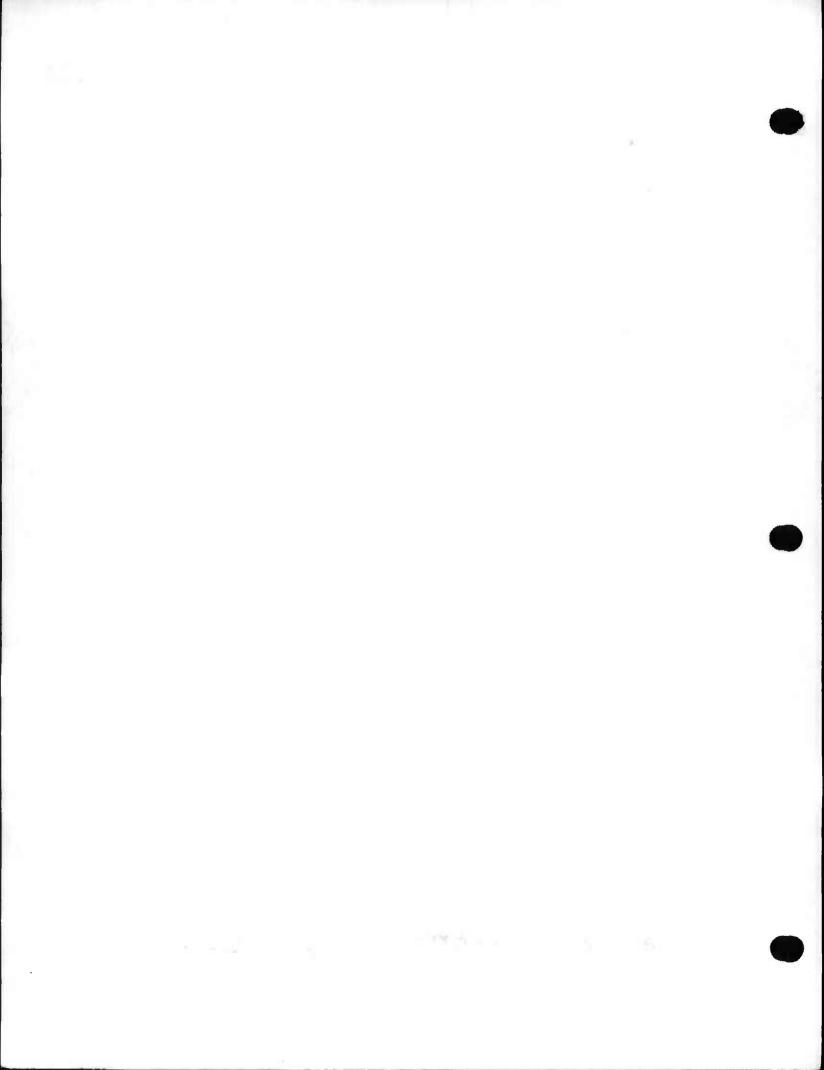
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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3	TO THE FUNERAL DIRECTOR: After this cegislicals has been signed by the attending physician and completely filled in by the funeral director, is	withi	IMPORTANT: It item 28 is marked, of item 23 shows any injury, or other traumatic event, the medical examiner must
£	出	filed	POR
2	2	2	Σ

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DE			EALTH AND DEATH	MENTA	L HYGIEN	E	U	31393
,	1. DECEDENT'S NAME (First, Middle, Last)						2. OATE	OF DEATH		3.	. TIME OF DEATH
* I	(Lucille) Lucy	M	•	coll	ins		MONT	14-90	N.	YEAR	3:06PM M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birt		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	407-36-1359	1 □ M 2 XXF	70	YRS. MONT	IS DAYS	HOURS MIN.	1	-20-19	20		ngton State
. 1	9a. FACILITY NAME (If not institution, give s			9b. 0		R LOCATION OF I				ITY OF DEA	
9	211 S. Durham Street Baltimore City										
							Od. INSIDE CITY				
뜽	Maryland			Balti	more	City				_ ,	LIMITS?
	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ		AT COUNTRY?
FUNERAL	211 South Durham	street				21231			Unit	ed st	ates
5	11. MARITAL STATUS		EVER IN U.S. ARMED		13. WAS DEC	ENDENT OF HISP	ANIC ORIGII	1? (Specify Yas		14. RACE -	- American Indian, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			ecify Cuban, Mexic 2 XXVO Spec		Hicen, etc.)	- 1	Specify:	
ED B			Incoming to the								White
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give A	ENT'S USUA and of work de NOT use retin	one during mo	on st of working	168	. KIND OF BU	SINESS/IND	USTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+) Ho	ousewi	fe						
COMPLET	17. FATHER'S NAME (First, Middle, Last)			_		18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
BE C	William Mason					Martha	Osbo:	rn			
TO B	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rure					
F	Margaret Mason		17	¿ Cast	le St	reet B	altim	ore, M	D 212	31	
	20e. METHOD OF DISPOSITION TO Burlel 2 Cremation 3 Ram	oval from Stata	other place)			netery, crematory or				City or Town	, Stata
	4 Donation 5 U Other (Specify)					Jesus Ce		ry Ba	<u>ltimo</u>	re	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	LD A	8.0.	6:		& Zeile		nc. Fu	neral	Home	
	21. SIGNATURE OF FUNERAL SERVICE LIC	R. W.	selene	Re	_	Eastern					
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	caused the death		nter tha mo	da of dying, se	ich ss car	diac or reap	lretory sm	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	Liat only one cuo	oo on each mie.								Onset and Daeth
	disease or condition reaulting in death)	W+	oscleroti		liovas	scular d	iseas	se			
Ì		DUE TO	(OR AS A CONSEQUE	NCE OF):							
NO N	Sequentially list conditions,	bDUE TO	(OR AS A CONSEQUE	NCE OF):	_						-
Ä	If sny, leading to immediate cause. Enter UNDERLYING										1
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQUE	NCE OF):						_	
CERTIFICATION	resulting in death) LAST	d									
AL C	PART II. Other significant condition	a contributing to	daath but not resu	ilting in the	undariyin	g cauaa given i	n Part I.	24a. WAS AN	AUTOPSY		PERE AUTOPSY FINDINGS
S	Chronic obstr	uctive p	ılmonarv (diseas	se.			PERFO		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
ED			ALTHOUGH T	42000				INOUI			F DEATH?
2							_	11.2011			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL					LACE OF DEATH (Check only o	ne)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 🗆	HER: Nursing Hor	na XX Residenc	6 🗆 Oth	er (Specify)			
¥	27. MANNER OF DEATH	28s. DATE OF (Month, D		8b. TIME OF	28c. IN	JURY AT	28d. DE	SCRIBE HOW	INJURY OCC	CURED	
ВУ	XXXIstural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO		<u>_</u>			
ای	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	F INJURY — At home, atc. (Specify)	, farm, atreet,	fectory, offic	:0		CATION (Street or Town, State		or Rural Ro	ute Number,
E I											
COMPLETED	TOTAL OTHY		my knowledge, death								3 324
00	one) XX MEDICAL EXAMINI		xamination and/or invi	estigation, in	my opinion,			e and place, a			Description of the second
BE	29Ь. SIGNATURE AND TITLE OF CERTIFIE	R	1			29c. LICENSE N			29d. DATI		Wonth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WI	O COMBI ETED COM	RE OF DEATH ATEN	7) (Sept. Date:		OCM	E			11-1	5-90
			SE OF DEATH (ITEM 2		111 +	onn Ct	00F T) _]	NO 10	D 212	01
	MARGARITA A. KOR		AR'S SIGNATURE '-		TTT F	enn Str	eet,E	MITIM	ore,M	n STS	OT
	31. DATE FILED (Mapth, Day, Year)	7,72	AR'S SIGNATURE	NC	V 1 9	1990	Lilia	Toridan	Manda	102	
		/		130	4	JUJU	7000	The Colonian .	- 8		

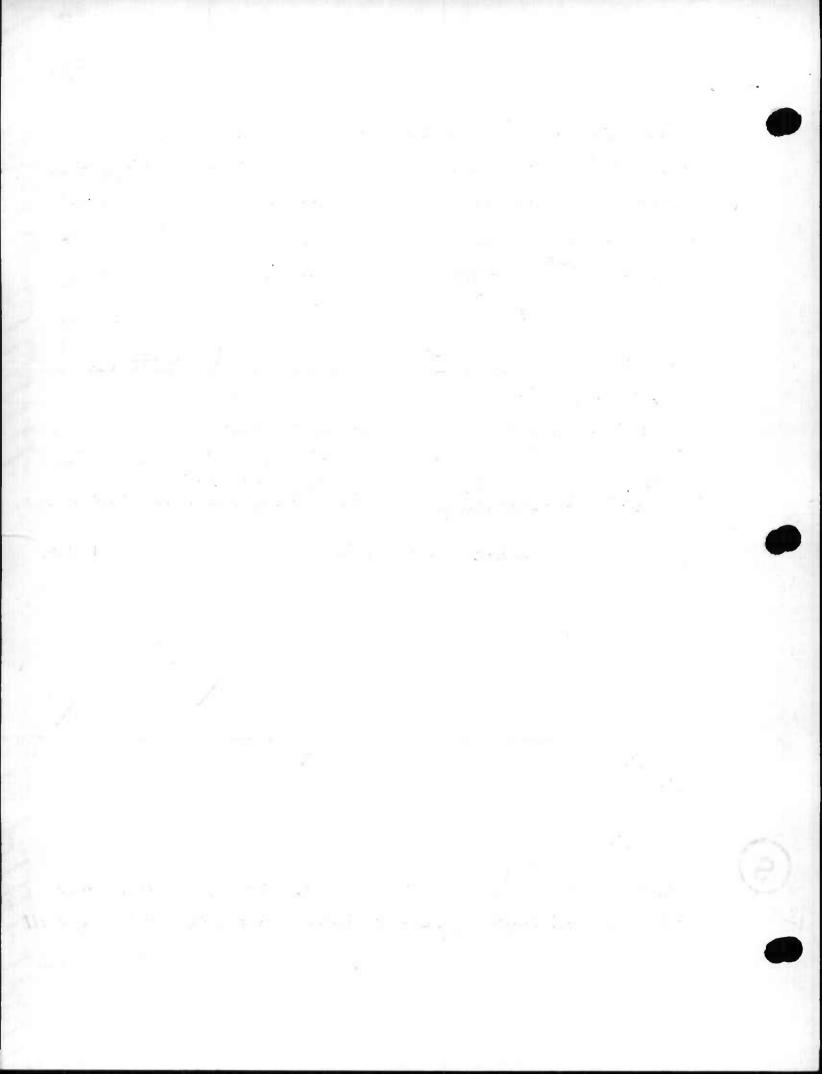
DHMH-18 Rev 1/89

VC



DALIMONE, MANICAND	The locality of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 yours after death. Page 6 may be retained by the hos	IT AT FUNCED CHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach in the funeral director, page 5 should be detach in the state best, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANE HETOE 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MAN	be retaine	ge 5 shou	e notifie
S C C	ge 6 may	irector, pa	r must b
	death. Pa	funeral d	examine
	ours after	TIT THE FUITER. UNECTOR: After this certificate has been signed by the attending physician and completely filled in by the furning the formation, or remotely, or remotely, or remotely.	medical
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MINISTON OF VITAL RECORDS, F.O. BOA 13148,	be execu	sian and or to bur	aumatic
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J	1 - FOR STATE REGISTRAR	ATE OF MARYLAN		T OF HEALTH AND	MENTAL HYGIEN		01034	
	1. DECEDENT'S NAME (First, Middle, Last)	0 0	Alle	1	2. DATE OF DEATH	AY YEAI	3. TIME OF DEATH	7
	4. SOCIAL SECURITY NUMBER 5. S	EX 8. AGE (In)	rs. last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	3 1990	RTHPLACE (State or Foreign	-
-	35 30 6117 17	(M2 0 F 57	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	933 M	ARYLAND	
TOR	7916 35 TH S	TREET	9b. Ci	ROSEDALE	EATH	BALT	MORE	
REC	100. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY	٦
FUNERAL DIRECTOR	MARYLAND BALT	MORE	Ro	LOALE 101, ZIP CODE		Lan OUTITEN O	1 YES 2 NO	4
ERA	7911 35	CTRIST		3123	1	log. Citizen C	C A.	
O.	M .	MAS DECEDENT EVER IN U.	S. ARMED 13	I. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic		or No- 14. R	ACE — American Indien, leck, White, atc.	1
BY F		F YES, GIVE WAR OR DATE		1 NES 2 NO Speci		S	pecify:	
	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N 18	le. DECEDENT'S USUAL	OCCUPATION a during most of working	16b. KIND OF BU	SINESS/INDUSTR	21110	1
COMPLETED	Elementary/Secondary (0-12) Col	lege (1-4 or 5+)	No. Do NOT use retired	0000	10	HEID	-121	
OMI	17. FATHER'S NAME (First, Middle, Last)		0,001	16. MOTHER'S N	AME (First, Middle, Malder	Sumame)	- 101	-
BE C	HARRY S	AHILL			JARY R	221.		
TO E	190. INFORMANT'S NAME (Type/Print)	205	19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Tov	vn, State, Zip Code,		
	200, METHOD OF DISPOSITION	20b. P	LACE OF DISPOSITION (Name of cemetery, cremetory or	20c. LC	CATION — City o	r Town, State	-
	1 Buriel 2 Cremetion 3 Removal fi 4 Donetion 5 Other (Specify)	rom State	AROEAS	OF FAIT	H Ro	A 0 320	is mo.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E	2:	EVANS CH	APLL OF	Memo	Ries	
	Louis 4.51	Jone /		AK 0088	RFORD (ROAD -	PARKVINE	
	23. PART I. Enter the diseases, or comp ahock, or heart failure. List of	lications that daused the one cause on each	ne death. Do not ent n line.	er the mode of dying, au	ch aa cardlac or reap	Iretory arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	LUNK	CANC	SR			Onset and Desti	n
	resulting in death) a	DUE TO (OR AS A CO		0.1				٦
ON	Sequentially list conditions, b	DUE TO (OR AS A CO	ONSEQUENCE OF:					\dashv
CATI	if any, leeding to immediate cause. Enter UNDERLYING		, , , , , , , , , , , , , , , , , , ,				İ	
CERTIFICATION	CAUSE (Disease or Injury thet Initiated events reaulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
CER	d							
CAL	PART II. Other significent conditions con	stributing to death but	not resulting in the	underlying cause given in	Pert I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
EDI					1 VES	2 🗌 NO	OF DEATH?	
N:								
PHYSICIAN: MEDIC		SPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)			7
HYS	1 VES NO 1 -	Inpetient 2 ER/Outpatk 28e. DATE OF INJURY	omt 3 🗆 DOA 4 🗆 N	ursing Home 5 Residence	8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURE		\dashv
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO				1
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)		actory, office	281. LOCATION (Street City or Town, State		rel Route Number,	1
LET	290. CERTIFIER CERTIFYING PHYSICIAN:	To the best of my knowled	On death occurred at the	a time, date and place, end du	a to the cause(a) and ma	nner se stated		-
COMPLETED	(Direct Gray			opinion, death occured at th			se(e) and manner es stated.	
BEC	286. SIGHAPHIE AND TITLE OF CERTIFIER	V	A	29c. LICENSE NO	JMBER	29d, OATE SIG	NED (Month, Day, Year)	7
TO B	Sall,	\triangle	WD	1)3	5606	P 11	13/90	\perp
-	30. NAME AND ADDRESS OF PERSON WHO CO	A F C CONTENT OF DEATH		Y MAN PF	SCK DR	BAL	T MD 312	,}
	31, DATE FILEO (Month Day, Year)	22. REGISTRATE SIGNAT		LILY F	1 V VI	DAC	מואס עוויי זה	4
	NOV 1 9 1990 94	Erminer						

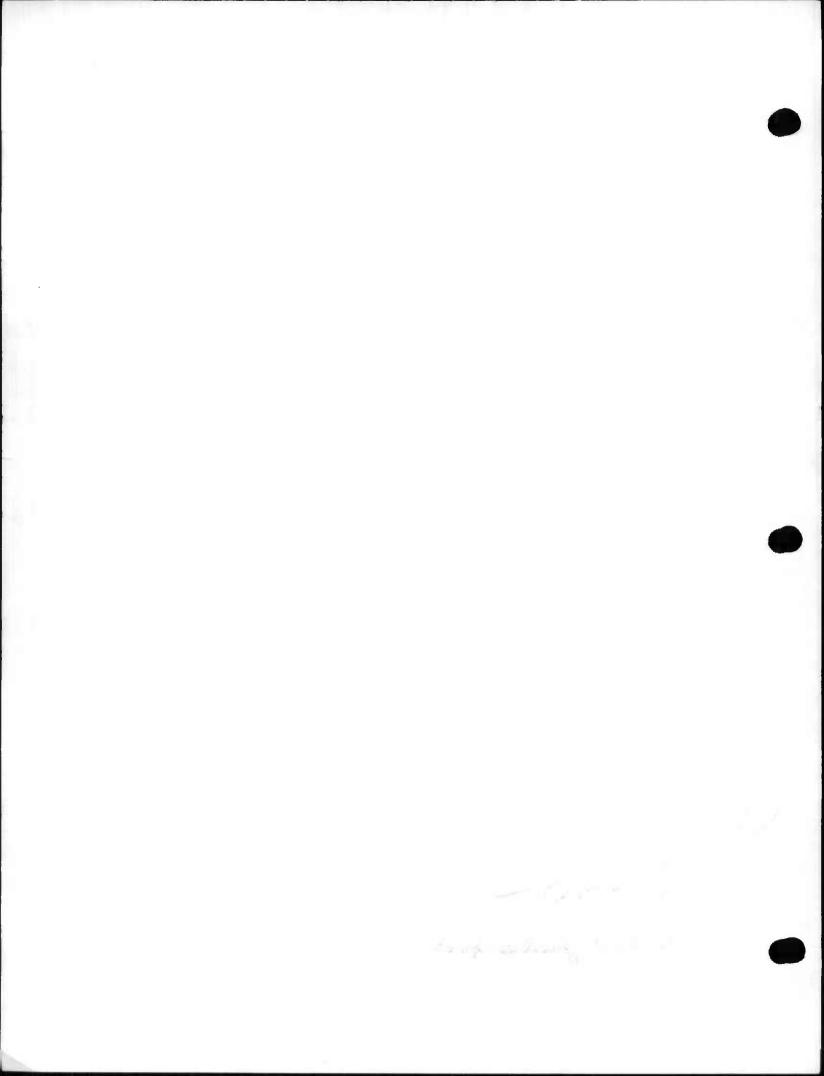


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I			GIENE G. NO.	0 01030
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3. TIME OF DEATH
Ì	TRACY		CALLAHAN	J		11		00 10:40 PM
		0	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR		BIRTHPLACE (State or Foreign Country)
1	202-21-1222		YRS.					Vest Virginia
æ	9e. FACILITY NAME (If not institution, give stre	(QUT	front		OR LOCATION OF DE		9c. COUNT	Y OF DEATH
DIRECTOR	3143 Crittendon Place in auto) Baltimore City							
BEC	10a. STATE 10b. COUNTY			, TOWN OR LOCA				10d, INSIDE CITY LIMITS?
ā	MD		Ba	altimon				XX YES 2 □ NO
FUNERAL	100. STREET AND NUMBER 28 South Ellwoo		10	21224		10g. CITIZE	N OF WHAT COUNTRY? USA	
S		12. WAS DECEDENT EVER IN			CENDENT OF HISPAN			I. RACE American Indien, Black, White, etc.
BY F	1 Never Merried XX Merried 3 Wildowed 4 Divorced	FORCES? 1 _ YES		1 TYE	octify Cuben, Mexice S 2 NO Specify	n, Puerro Hican, (/:	P(C.)	Specify: White
	15, DECEDENT'S EDUCA	ATION I	16a, DECEDENT'S	LIGHAL OCCUPAT	ON	18h KIND	OF BUSINESS/INDUS	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of v life. Do NOT us	vork done during m	ost of working	TOU. KIND	OF BOSINESS/INDO	,,,,,
P	unkno		estima	ator		cons	struction	on company
ŏ	17. FATNER'S NAME (First, Middle, Last)			V45	16. MOTHER'S NA	ME (First, Middle,	Maiden Surneme)	
BE C	Leonard K. Jew	well, JR.		1.4	unkno	own		
10	19a. INFORMANT'S NAME (Type/Print)	1 1					or Town, State, Zlp C	11.7
-	Charlotte Cal						-	o. MD 21224
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State	other place) Green	nount (ometery, cremetory or Cremator	cv j	Baltimo:	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE						me, Inc.
	+ tetre	& lash	4-					me, Inc. lto. MD 21224
	23. PART I. Enter the diseases, of co shock, or heart feliure. L			not sntar tha m	oda of dying, suc	h ss cardiac o	r respiratory scree	Approximats
	IMMEDIATE CAUSE (Fins)	,						Onset and Death
	disease or condition resulting in dasth)	Contact G			Head			
_]		DUE TO (OH AS A	CONSEQUENCE OF	F):				İ
CERTIFICATION	Sequantistiy ilst conditions, if any, lasding to immediata	DUE TO (OR AS A	CONSEQUENCE OF	F):				
8	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
E	d.							
AL.	PART II. Other significant conditions	contributing to death be	ut not resulting	in the underlyi	ng cause givan in	Part i. 24e.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8						110	YES 2 NO	COMPLETION DF CAUSE OF DEATH?
ME						— I (н	EAD ONLY)	1 X YES 2 NO
ä	25. WAS CASE REFERRED TO MEDICAL			400	PLACE OF OBATN (Ch			
BY PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	etians 2 🗆 DOA		me 8 X Residence		in auto)	
HYS	27. MANNER OF DEATN	28e. OATE OF INJURY	28b. TIM	E OF 28c. If	JURY AT		E HOW INJURY OCCU	PRED
Y P	t Naturel 5 Pending	(Morith, Day, Year) 11-17-90	10:1		YES 2 NO	Subje	ect shot	self ge
	X3XX Suicide 8 Could not be	26a. PLACE OF INJURY building, etc. (Spec	- Al home, farm,		ice			Rural Route Number, Crittendon Pl
ETE	4 Homicide determined		ont of h	ome in	auto	Baltim	ore City,	MD (in auto)
COMPLETED	(Critick Orlly	CIAN: To the best of my knowl						d. ceuse(e) end manner as stated.
	-		T United to Third Stage Co.	on, in my opinion,				
B	296. BUT ATURE AND THE OF CERTIFIER	1			29c. LICENSE NU			SIGNED (Month, Day, Year)
٩	SO NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type	, Print)				
	Ann M. Dixon, M.	D., Deputy C		111 Pen	n Street	, Baltin	more, MD	21201 vl
	"NUV"1"9"1990" Jul	32. REGISTRAR'S SIGN	ATURE					
$\overline{}$								

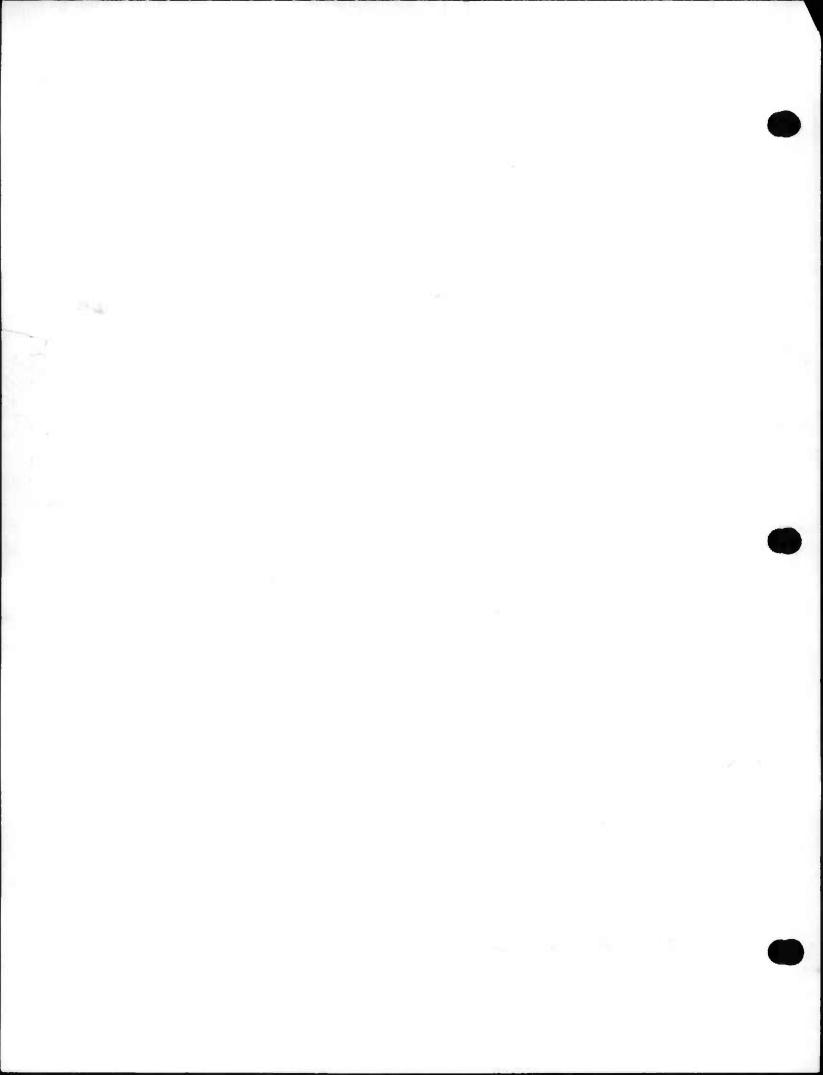


TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If them 28 is m

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR		STATE OF I				HEALTH AND	MENTA	REG. NO.	9	0	31596
	1. DECEDENT'S NAME (First		Lon					2. DATE MONT		1	AR	8,40 am
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	et birthday)	IF UNDER 1 YE		7. DATE	E OF BIRTH	6. 8		CE (State or Foreign
	219-16 9e. FACILITY NAME (If not in	nstitution, give at	reet and number)	65)		VN OR LOCATION OF E	DEATH	1-25-	9c. COUNTY	OF DEATI	011
HOL	RESIDENCE OF DE	M (+	re, 130	elsim	ove	130	lpmou			141)	Ba	lomore
DIRECTOR	10a. STATE MD	10b. COUNTY				ach	imok	Ci	ty			1. INSIDE CITY LIMITS? YES 2 \(\square\) NO
RAL	100. STREET AND NUMBER	Chape	e Sti	eet			10f. ZIP CODE 2/23	í		10g. CITIZEN		COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive	Merried	12. WAS DECEDEN	T EVER IN U.S. A	NO NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Spec	NIC ORIGI				American Indian, hite, etc.
回		EDENT'S EDUC ly highest grade		(0		USUAL OCCUP work done during	ATION g most of working	16	b. KIND OF BUS	INESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8	·) /		sew1	fe					
BE CON	17. FATHER'S NAME (First, A WALTE!		ENSIC	KI					Middle, Malden		101	DA
10	19a. INFORMANT'S NAME (MICHAEL	. Co	LON	/	02	S. C.F.	eet and Number or Rura	57:	BAL	TO N	1D	21231
	200 METHOD OF DISPOSITION 1 Buriel 2 Cremetic Donation 5 Other	on 3 🗆 Rem r (Specify)		20b. PLACE other p	OF DISPO	ROSAR	cometery, crematory or	ETO	RU B	ALTO	or Town,	State 1
	21. SIGNATURE OF FUNERA	Leth	Sele	ali'		22. NAM [1]	E AND ADDRESS OF E		ER, II		LTO	2/23/
	23. PART I. Enter the c	lianasas or i										
	ahóck, or h	eart failure.	complications the	at caused tha duse on each iin	eath. Do e.	not entar tha			rdlec or reepl	ratory arreat	,	Approximate Interval Between
	ahóćk, or h IMMEDIATE CAUSE (Fi disease or condition reaulting in death)	eart failure.	List only one ca	use on each iin	e.				rdlec or reepl	ratory arreat	,	
ATION	iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme	tions,	List only one ca	in to to to to to to to to to to to to to	e.	fail			rdlec or reepl	ratory arreat	•	Interval Between
RTIFICATION	iMMEDIATE CAUSE (Fi disease or condition resulting in death)	tions, addete	a. Resp. que to	inato in sach iln	e. VY EQUENCE S EQUENCE S	fail ano			rdiec or reepl	ratory arreat	,	Interval Between
CERTIFICATION	iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	tions, diete ling	a. Resp. que re	O OR AS A CONSE	EQUENCE C	fail h: n: n:	mode of dying, su	ch as ce				Interval Between Onset and Death
_	iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condition and the condition and the condition and the cause. Enter UNDERLY CAUSE (Disease or Injury that initiated events	tions, diete ling	a. Resp. que re	O OR AS A CONSE	EQUENCE C	fail h: n: n:	mode of dying, su	ch as ce	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE	Interval Between Onset and Death British and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
_	iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	tions, diete ling	a. Resp. que re	O OR AS A CONSE	EQUENCE C	fail h: n: n:	mode of dying, su	ch as ce	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE	Interval Between Onset and Death British and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE
_	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immercause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER?	tions, diete ling ury ant condition	A CONTRIBUTION OF THE PROPERTY	O (OR AS A CONSE	COUENCE COUENC	fau'c. A NO PF): In the under	iying cause given i	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE	Interval Between Onset and Death British and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
_	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAST	tions, diete ling ury ant condition	a. Response to the second seco	O (OR AS A CONSE	COUENCE C	F): In the under OTHER: OTHER: 22 OTHER: 28	iying cause given i	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED? MO	24b, WB AMO CO OF 1 (Interval Between Onset and Death British and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death to immediate. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	tions, diete ling ury ant condition	A CONTributing to	O (OR AS A CONSE	GOUENCE COUENCE orhier: A Dother: A	iying cause given i	n Part I.	24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NO	24b. WE AM COO OF 1 [Interval Between Onset and Death Breading and	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2	tions, dilete ling ury ST Condition TO MEDICAL	HOSPITAL: 1) Inpatient 2 28e. PLACE	O (OR AS A CONSE	GOUENCE COUENCE orhier: A Dother: A	iying cause given i	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED? NO NO	24b. WE AM COO OF 1 [Interval Between Onset and Death Breading and	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidsease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death lot immercause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 0 27. MANNER OF DEATH 1 Netural 5 0 29 Accident 3 Suicide 6 0	tilons, sodiete iNG ury ST Condition TO MEDICAL Pending Investigation Could not be determined	HOSPITAL: 17 Inpatient 2 28e. PLACE building	D (OR AS A CONSE	GUENCE COUENCE	orther: 4 Nursing ME OF 28c JUST M 1 street, factory,	iying cause given i	n Part I. Check only of 28d. Do	24a. WAS AN PERFOR 1 YES 2 2 YES 2	AUTOPSY MED? NO NJURY OCCUR	24b. WE AMO CO OF 1 (Interval Between Onset and Death Bre Autopsy Findings Allable PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidsease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death lot immercause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 0 27. MANNER OF DEATH 1 Netural 5 0 29 Accident 3 Suicide 6 0	TO MEDICAL Pending Investigation Could not be determined TIFYING PHYSICAL EXAMINE	HOSPITAL: 28e. PLACE building CIAN: To the best of	DORAS A CONSE	e. GOLENCE C COUENCE C COUENCE C Teaulting 3 DOA 28b. TH Nome, farm,	or the under In the under OTHER: A Nursing M 1 street, factory, red at the time, on, in my opini	bying cause given in the state of the state	n Part I. Check only of 28d. Do 28f. LO Che time, da	24a. WAS AN PERFOR 1 YES 2 One) her (Specify) ESCRIBE HOW II DOCATION (Street a by or Rown, State) State Docation (Street a state) State State Docation (Street a state) State	AUTOPSY MED? NO NJURY OCCUR and Number or i	24b. WE AM COOP 1 [I]	Interval Between Onset and Death Bread



Hazem Machkhas,
31. DATE FILED (Month, Day, Year)
NOV 1 3 1990 July

M.D.

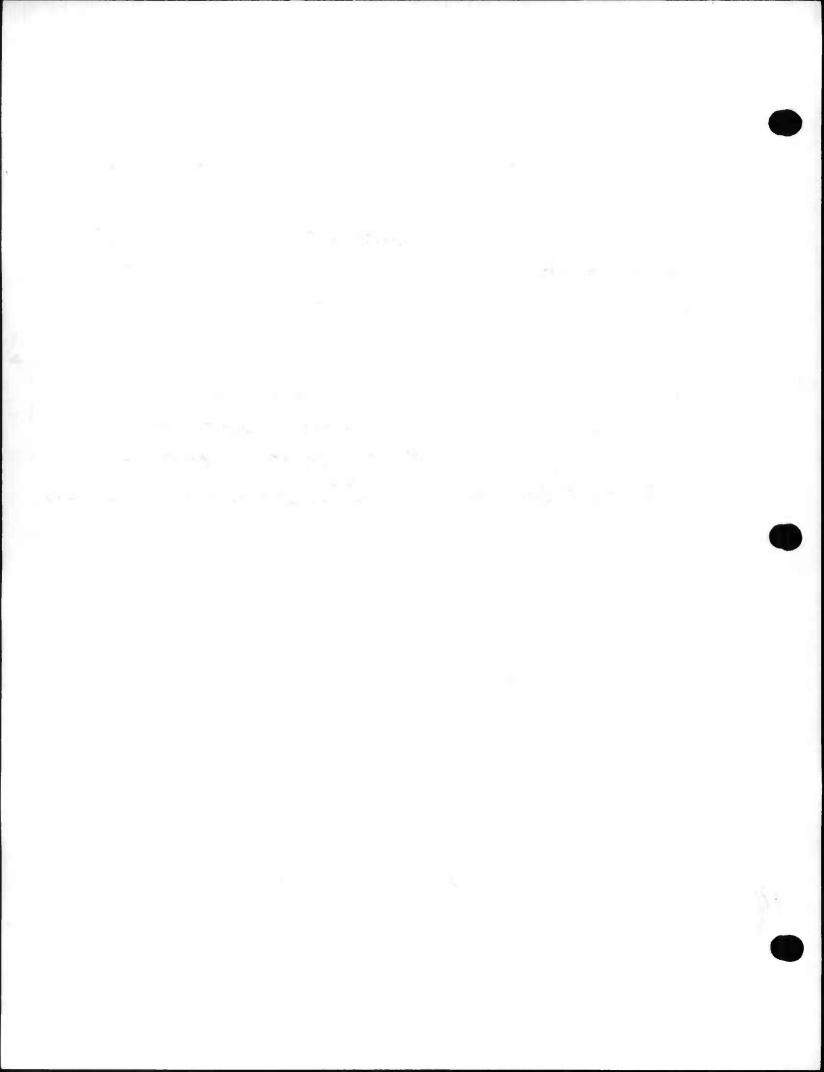
32. REGISTRAR'S SIGNATURE

Davidson-Rondage

	1, 2, 3 should	
	sit permit. Page	
nding physician.	s the burial-trans	
hospital or after	tached for use a	CG.
e retained by the	5 should be de	notified at on
n. Page 6 may by	ral director, page	liner must be
nours after death	ed in by the fune, or removal.	medical exan
cuted within 25	d completely fill wrial, cremation,	tic event, the
certificate be exe	fing physician an ygiene prior to t	other trauma
that the death of	ned by the attend th and Mental H	any injury, or
The law requires	ate has been signate Dept. of Hea	em 23 shows
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ?? hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	friem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTEND	AL DIRECTOR: J	If Iham 28 is

	FOR STATE REGISTRAR	STATE OF MARY			F HEALTH		IENTAL HYGIENI REG. NO.	E	90 (31597
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH DA		YEAR	ME OF DEATH
	Rose		Conyer				November :	17, 1		:15 A M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	MONTHS D	EAR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE Country)	E (State or Foreign
	220-22-5448	11-14-03 STVN								5 Co. Mc.
~									NTY OF DEATH	
2	Maryland General Hospital Baltimore City									
DIRECTOR	10s. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR L	OCATION					INSIDE CITY
	Md.			Bo Ho	City	1				YES 2 NO
FUNERAL	10e. STREET AND NUMBER	۸			10f. ZIP CODE				ZEN OF WHAT C	COUNTRY?
E	2102 Druid Hill	Bue.			2121	7		L	ISA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y					C ORIGIN? (Specify Yee , Puerto Ricen, etc.)	or No-	14. BACE — An	nerican Indian, le, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			YES 2 NO				Specify:	
	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S	LISHAL OCCI	IPATION		16b. KIND OF BUS	INFSS/IND	HISTRY	
ETE	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done duri	ng most of workin	g				
COMPLETED	Elementally/Secondary (0-12)	College (1-4 or 5 +)	<i> </i>	touse	wife					
O	17. FATHER'S NAME (First, Middle, Last)					HER'S NAM	IE (First, Middle, Maiden	Sumame)		
BE C	WAVE Thomas				MA	RUB	Thomas			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	D ADDRESS (S	treet and Number	or Aural A	oute Number, City or Town	n, Stata, Zip	Code)	
F	LAMIS Thomas		3507	Eldona	di tue	,	BAHO.	MH	. 2120	10
	20a. NETHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PLACE OF OISPO other place)	SITION (Name	of cernetery, crem	natory or	20c. LO	CATION —	City or Town, St	tata
	21. SIGNATURE OF FUNERAL SERVICE LIG	NSEE	///	22. NA	ME AND ADDRES	SS OF FAC	ILITY 3	7/10	1110	
	· Barbara A	- Dram		W11	1 iam C	Bry	LAve.	Bak	b. mi	. 21217
	23. PART I. Enter the diseases, proshock, pr heert fellure.	Emplications that cau	ised the deeth. Do	not enter th	e mode of dyi	ing, such	es cerdiec or respi	retory em	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	List Diny One Couse of	ii eacii iiie.							Onset and Death
	disease or condition resulting in death)	. Pulmonar								
			AS A CONSEQUENCE O							
ᇹ	Sequentielly list conditions,		ve Heart		:e					
¥	If any, leading to immediate cause, Enter UNDERLYING		al Infarc						i	
RTIFICATION	CAUSE (Diseese or Injury that initiated events	U	AS A CONSEQUENCE (+	
듄	resulting in death) LAST									
2										
MEDICAL	PART II. Other significent condition					given in i	Part I. 24s. WAS AN PERFOR		AVAIL	E AUTOPSY FINDINGS LABLE PRIOR TO
ă	1) Chronic Rena	ar Failure	with seve	re ure	mia		1 _ YES 2	NO NO		PLETION OF CAUSE SEATH?
							-		10	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				00 DI AOE OF D	PATH COL	at act act)			
Ö	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	S	OTHER:	26. PLACE OF D					
PHYSICIAN:	27, MANNER OF DEATH	28s. DATE OF INJU			g Home 5 Re	sidence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Ye-	mr) Ih	JURY	WORK?	□ NO				
ВУ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJ	URY — Al home, ferm,	street, factory	, office		281. LOCATION (Street		r or Rural Route i	Number,
E	4 Homicide 8 Could not be	building, etc. (эреспу)				City or Town, State)			
COMPLET	29a. CERTIFIER	ICIAN: To the best of my k	nowledge, death occur	rred at the time	, date and place	, and due	to the cause(s) and me	nner as sta	ted.	
N N	CONDUM OTHY	R: On the basis of examin								manner as stated.
E C	29b. SIONATURE AND TITLE OF CERTIFIE		11- 1		29c. LIC	ENSE NUM	IBER	29d. DAT	E SIONED (Mon	th, Day, Year)
8	Herre 1	A. EZZI,	M.D. fo	N		N/A		•	11-17	- 1990
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F OEATH (ITEM ON COM	na Print)						

c/o Maryland General Hospital



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notified

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must

examiner n by the funeral d

medical

traumatic event,

other 1

5

marked, or item 23 shows any injury,

99

Item 28

IMPORTANT: If

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23

BY

COMPLETED

BE

2

1 Netural

2 Accident

4 Homicide

3 Suicide

5 Pending

296. SIGNATURE AND TITLE OF CERTIFIER

MON T 2 1880

6 Could not be

director, page 5

filled in by t

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completely filler rial, cremation, u the

permit. Pages 1, 2, 3 should

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2	Ë	6	電
•	A	第	52
	Ö	ā	Ъ
	PITAL DR ATTENDING PHYSICIA THE INCRUDINGS that the death certificate be executed v	ERAL DIRECTOR: After this certificate has been signed by the attending physician and com-	2
	6	8	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MATTIE 11 DELAWARE 12 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 1 🗌 M 2 🖵 F 217-26-7410 8-26-1913 9e. FACILITY NAME (If not institution, give street end number) 95 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 2617 FRANCIS STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION Md Baltimore FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 2617 Francis Street 21217 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FDRCES? 1 YES 2 IF YES, GIVE WAR OR OATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Bγ 3 🕅 Widowed 4 🔲 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Overbrook Egg Nog Co. Elementary/Secondary (0-12) College (1-4 or 5+) 4th 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Malden Surname) McDonald Mimie Elrod BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Genlett Garrison 2617 Francis Street Baltimore, Md 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Buriel 2 Cremelion 3 Removal from State Arbutus Memorial Park Arbutus, Md 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY ′▶ WM MARCH F.H. 4300 WARASH C complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, 23. PART I. Enter the diseases. Enter the discesse, or complications that caused the de-shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition OLON resulting in death) OUE TO (OR AS A CONSEDUENCE DF): CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (DR AS A CONSEDUENCE DE): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER 1 TYES 2 -10 nt 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Mesidence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28b. TIME DF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

1 YES 2 NO

29c. LICENSE NUMBER

U	eun Lei	18 B	1001	MO	D	3933	5	> (1	1
O. NAME AND	ADDRESS OF PERSON	WHD COMPLETED	CAUSE DF DEAT	H (ITEM 27) (Type, Print)			- 0		
	0.0000	- 0-		1		2 A-(\ \ \ \	MA	0171	1

JEAN PIEKKE LSSA

bandon-hande

600 NWOLFE ST 1311010 17() 5 (11) 31. DATE FILEO (Month, Day, Year) 32 REGISTRAR'S SIGNATURE

Julia Davidson-Randalle

31598

6. BIRTHPLACE (State or Foreign

S.C

10d. INSIDE CITY

14. RACE — American Indien, Black, White, stc.

21217

AVENUE

Onset and Death

6 lu atte

Approximata

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 YES 2 140

281, LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)

6

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Black

1 X YES 2 | NO

90

VEAD

90

10g. CITIZEN OF WHAT COUNTRY?

US

Specify:



31. DATE FILED (Month, Day, Year)

Guid Devidson For to #

THE FUNE ALD INSTITUTE AT ITS CONTROLL OF A THE STATE OF

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPAF Certif	RTMENT OF I	HEALTH AND I		YGIENI EG. NO.	9	0	31599
ļ	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATN DA		YEAR	3. TIME OF DEATN
1	ELCY 4. SOCIAL SECURITY NUMBER	idge Myr		uboyce	IF UNDER 24 HRS.	7. DATE OF B	16-9	0	a BIDTNO	3:45AM M
	212-70-5813	1 XM 2 □ F 33	YRS.	MONTHS DAYS	HOURS MIN.	(Month. 8mg	5 -5 7		Country	MD
TOR	96. FACILITY NAME (If not institution, give street end number) Maryland Pententiary Baltimore City RESIDENCE OF DECEDENT								NTY OF DE	ATN
DIRECTOR	10e. STATE 10b. COUNTY	1		y, town or loca 1 t i m o r e					- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2432 Lakeview	Ave		10	f. ZIP CODE				ZEN OF W	HAT COUNTRY?*
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, s	CENDENT OF NISPAN pecify Cuben, Mexice 3 2 NO Specify	n, Puerto Ricen		or No—	Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (I-4 or 5 +)	(Give kind of life. Do NOT u	work done during mese retired.)	ON ost of working	16b. KIN	D OF BUS	INESS/IND	DUSTRY	
BE CON	17. FATNER'S NAME (First, Middle, Last) Myron Duboyce 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Ada Edwards									
10	196. INFORMANT'S NAME (TyperPrint) Doratha Duboyce 196. MAILING ADDRESS (Street and Number or Aural Acute Number, City or Town, State, Zip Code) 2432 Lakeview Ave., Baltimore, MD									
	20c METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ne minnel	SITION (Name of co	Star				City or Tov	n, State 1e, MD
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE D. Bri	~		PBOX 44		Iŧid	. F.	Н. мг	21223
	23. PART I. Enter the diseases, preshock, present fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause on each	line.				or respi	ratory an	rest,	Approximata Interval Between Onset and Death
	disease or condition resulting in death) Acquired Immune Deficiency Syndrome Due to (or as a consequence of):									
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CON	NSEOUENCE (DF):						
PHYSICIAN: MEDICAL C	PART It. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES XXXIVO									
ME						_ IN	SPEC	TION		1 TES XXX
AN	25. WAS CASE REFERRED TO MEDICAL	_		26. I	PLACE OF DEATH (CA	neck only one)				
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatien	H 3 DOA	OTHER: 4 - Nursing No	me 5 🗆 Reeldence	XX Other (Sp	eclfy)	Mary	land	Pententiary
	27. MANNER OF DEATH Continue	28e. DATE OF INJURY (Month, Day, Year)	28b. TI	IJURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRI	BE NOW I	NJURY OC	CURED	
TED BY	2 Accident arrestigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm,	street, fectory, off	281. LOCATION (Street and Number or Flural Route Number, City or Town, State)					
COMPLETED	(Crieck only	SICIAN: To the best of my knowledge ER: On the basic of examination and) end manner ee stated.
BE	296 IGNATURE AND TITLE OF CERTIFIE	Mall			29c. LICENSE NU	MBER		29d, DA1	TE SIGNED	(Month, Day, Year) -16-90
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Typ	111 De	enn Stree	t.Balt	imor	e .MD	2120)1 5

NOV 19 1990 Julie Veridon Rondolle

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

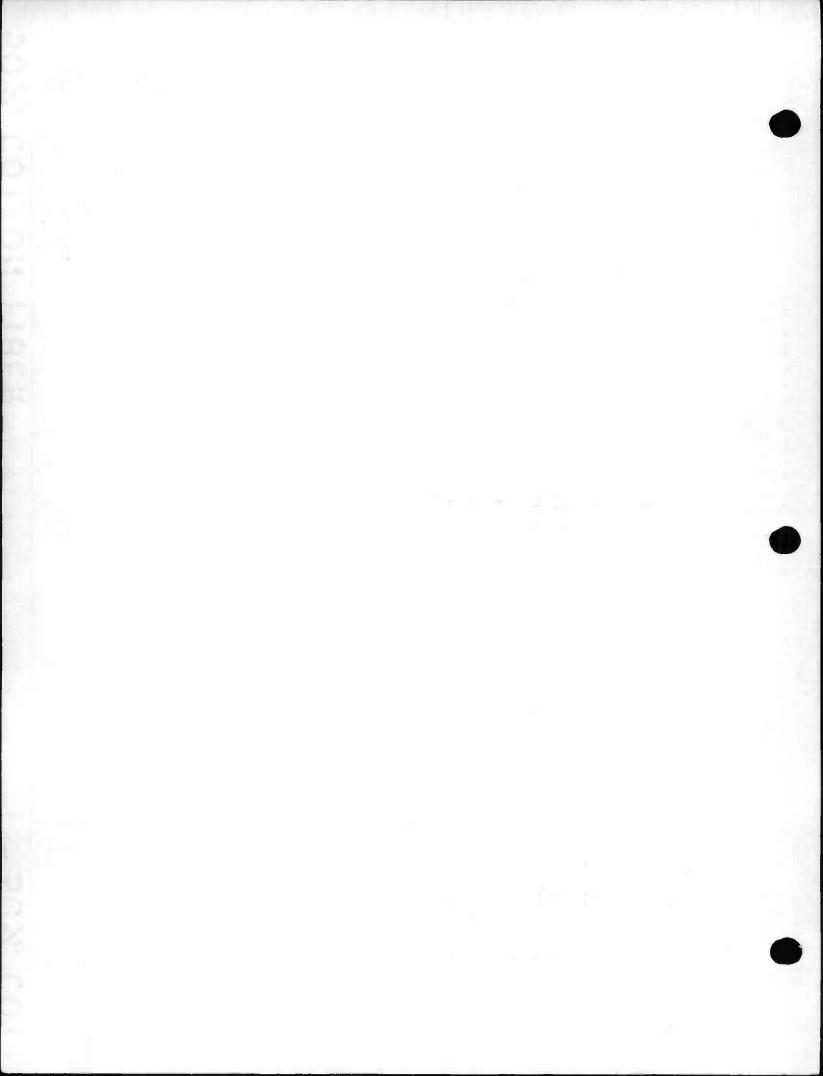
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Pige for the compile by the attending physician and completely filled in by the tuneral trees, as should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be nettled at once.

90 31600 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

)							2. DATE OF MONTH	DEATH	,	YEAR	3. TIME OF DEATH
Alexander					Dy:	kes		11	3		90	8:18 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	low Manri		8. BIRTH Country	PLACE (State or Foreign
212-60-3375	1√2 M 2 □ F	68	YRS.	MONTHS	LIAYS	HOUMS	terme.	10-	17-22	2		"
9a. FACILITY NAME (If not institution, give street and number)				9b. CITY	, TOWN	OR LOCATI	DN OF DI	EATH		9c. COUI	NTY OF D	EATH
241 S. Broa	dway			74	Ba	ltimo	ore					
RESIDENCE OF DECEDENT 10s. STATE 10s. COUN	TV		100 CIT	Y, TOWN (001004	TION					1	10d. INSIDE CITY
	 Balto Ci	+ **					3	. Dal.	- MT			LIMITS?
10s. STREET AND NUMBER	Barto CI	су	24	1 3	_	. ZIP COD		,Bal	LO, MI		ZEN OF W	1 X YES 2 NO
241 S. Broad	d.,, a.,				"	i, zir coo				log. Citi	EEN OF W	mar coontarr
11. MARITAL STATUS		T EVER IN U.S. ARI	MED	13	WAS DE	ENDENT (DE HISDAI	NIC DRIGIN? (Specify Year	No. I	14 PACE	- American Indian
1 Never Married 2 Married		YES 2 N			If yes, o	ecity Cubi	ın, Mexica	n, Puerto Rici	en, etc.)			— American Indian, t, White, etc.
3 Widowed 4 Divorced	IF TES, GIVE W	AH DR DATES			1 () TE	2 😾 ND	Specif	y:			Speci	"White
15. DECEDENT'S ED			CEDENT'S					16b. K	ND OF BUSI	NESS/INC	USTRY	
(Specify only highest grades) Elementary/Secondary (0-12)	College (1-4 or 5 -	dia	Do NOT u	work done se retired.)	auring m	ost of world	ng					
110.110.502.00100.110.00												
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mid	dle, Maiden S	lumame)		
19a, INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Number,	City or Town,	State, Zir	Code)	
20a. METHOD OF DISPOSITION		20b. PLACE (OF DISPO	SITION (N	ame of co	metery, crea	metory or		20c. LOC	ATION -	City or To	wn, State
1 Burial 2 Cramation 3 Re 4 Donation F (10ther (Specify)	movel from State											
21. SIGNATURE OF FUNERAL SERVICE I				22.	NAME A	ND ADDRE	SS OF FA	CILITY C.	מממ	7 37 7	mon	V DOADO
Vicable 1	1/1/1/				E E	T.7 *	1 .	-				Y BOARD
28. PART I/ Enter the diseases, or	Wille	1/14/8	_									21201
disease or condition	Del.	L										Onset and De
disease or condition resulting in death)		ty liver			-		-					Onset and De
resulting in death) Sequentially list conditions, if any, leading to immediate	chre		ohol	ism								Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. Chro	onic alc	Ohol GUENCE O	ism P:								Onset and De
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. Chro	onic alc	Ohol GUENCE O	ism P:								Onset and De
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Chro	ONIC ALC (OR AS A CONSEC	Ohol GUENCE O	ism P: P:								Onset and De
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Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Chro	ONIC ALC (OR AS A CONSEC	Ohol GUENCE O	ism P: P:	nderlyli	ng cause	given in			MED?	24b	WERE AUTOPSY FINDR
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are supported by the condition of the condition of the cause of the cau	DUE TO d. DOES CONTRIBUTING TO	ONIC ALC (OR AS A CONSECT (OR AS A CONSECT death but not not not not not not not not not no	COHOL GUENCE O	ISM P): In the un OTHE 4 □ Nu RE OF	26. FR: rsing Ho	LACE OF I	DEATH (CA	heck only one)	PERFORI	MED?		WERE AUTOPSY FINDR MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are supported by the conditions of	b. Chro DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D.) 28a. PLACE OF (Month, D.)	ONIC ALC (OR AS A CONSECT (OR	COHOL GUENCE O COUENCE O COUENCE O	ISM F): In the unit of the un	26. FR: raing Ho 28c. IN W	PLACE OF I	DEATH (CI	heck only one) 6 Other (i	PERFORI XYES 2 Specify) RIBE HOW IN	MED?	CURED	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? TYCYES 2 ND
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Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. Chro DUE TO c. DUE TO d. Ons contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Contribution) 28a. PLACE Of building, (SICIAN: To the best of a series)	ONIC ALC (OR AS A CONSECT (OR	COhol GUENCE OF COURSE OF	OTHE 4 Number of the street, fac	26. FR: rsing Hot 28c. IN W 1 ttime, dat	PLACE OF I	DEATH (Critesidence NO No	beck only one) 6 Other (: 28d. DESCI 28f. LOCAT City or e to the cause e time, date as	PERFORI XXYES 2 Specify) RIBE HOW IN ION (Street at Town, State)	MED? NO NO NO NO NUMBER No Number as sta	r or Rural I	WERE AUTOPSY FINDR MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1\infty\text{CYES} 2 \sqrt{ND} Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. Chro DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO	ONIC ALC (OR AS A CONSECT (OR	COhol GUENCE O DUENCE	OTHE 4 Number of the street, factors, in my	26. FR: rsing Hot 28c. IN W 1 ttime, dat	PLACE OF I	DEATH (CI	beck only one) 6 Other (: 28d. DESCI 28f. LOCAT City or e to the cause e time, date as	PERFORI XXYES 2 Specify) RIBE HOW IN ION (Street at Town, State)	MED? NO NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER	r or Rural I	Route Number, and manner as state- (Month, Day, Year) 1/4/9()



TO THE HOSPITAL THE HOSPITAL OF THE LAW requires that the death certificate be executed within Secure after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DECIDE AND THE PARTIES OF THE ADMINISTRATED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be fined within 72 hours adde; each begt, of Health and Mental Hygiene prior to burial, cremation, or removal.

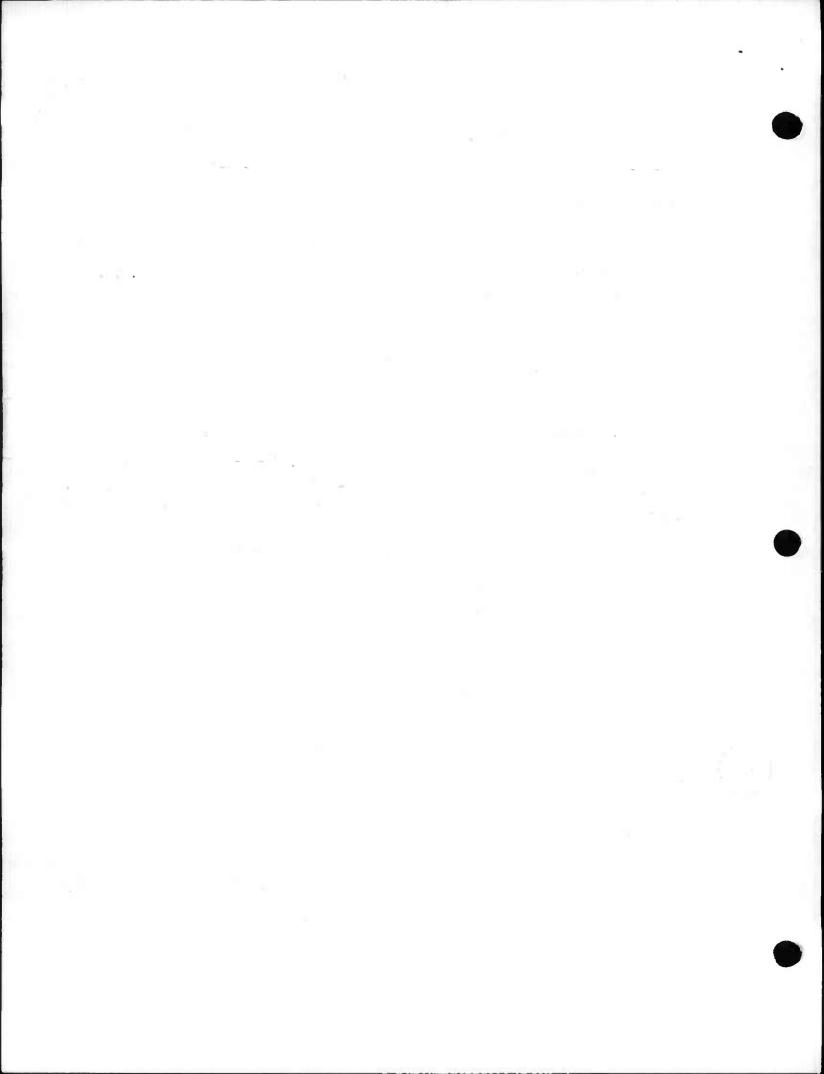
IMPORTANT: If There, 28 18 trianked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	E .	0 3 6 0
	1. OECEDENT'S NAME (First, Middle, Last)	Richard	August	Dent		2. DATE OF DEATH DATE OF DAT	90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	6.	BIRTHPLACE (State or Foreign
	705-07-8232	M2 DF	82 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6-03-08		country) aryland
	9e. FACILITY NAME (If not institution, give street				R LOCATION OF DE		9c. COUNTY	OF DEATH
DIRECTOR	St. Agnes Hosp:	ital		Ba.	ltimore		_	
S S	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
腊	Maryland Ba	altimore			Rela	У		1 TES 2 TENO
¥	10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	5009 Cedar Aver				2122		1	USA
	11. MARITAL STATUS 12 1 Never Married 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	if yes, sp	ecify Cuban, Mexical 2 NO Specify	IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No— 14.	RACE — American Indian, Black, White, atc.
BA	3 🔀 Widowed 4 □ Divorced ☐		W II	1 HES	2 NO Specify	r:	1	Specify: White
ED	15. OECEOENT'S EOUCAT (Specify only highest grade con	TON mpleted)	18e. DECEOENT'S U	JSUAL OCCUPATION done during mo retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLET	Elementary/Secondery (0-12) 12th	College (1-4 or 8+)				D o o	Do:1	200
N N	12th Manager B & O Railroad 77. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)							
اسا James Dent Katie Brieli								
00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		Route Number, City or Tow		ole)
유	Gregory R. De					St. Ba	lto.,	MD 21231
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 💢 Cremation 3 ☐ Ramova	of from State	other place)					or Town, Slate
	4 Donation 5 Other (Specify) Metro Crematory, Inc. Baltimore, MD 21. SIGNATURE DO FUNERAL SERVICE (IGENSES) 22. NAME AND ADDRESS OF FACILITY							
	Seiz -	Alder		Crema	ation S	ociety o		
Н	George E. Ma		In the second					., MD 21228
	23. PART i. Enter the disease, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final			ot enter tha mo	ide of dying, euc	n aa cardiac or reap	retory arreet	Approximate Interval Between Onset and Death
	disease or condition	Pulmonary	emboli)				
_		Bronchopne		<i>,</i> .				2-3 weeks
일	Sequentially list conditions, if any, leading to immadieta	DUE TO (OR AS A	CONSEQUENCE OF):				7
<u>S</u>	CAUSE (Disease or Injury	Bronchogen	ic Carcin	noma				wks-mths_
CERTIFICATION	that initiated events resulting in daeth) LAST	202 10 (011 20 2	CONTRACTOR OF	,				
	DAGE II Other desidence and delegate							I
SAL	PART II. Other eignificant conditions of Coronary atheros		eut not resulting ii	n tha undariyin	g cauae given in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI		CICIOSIS				1 X YES 2	NO 🗌 NO	OF DEATH?
Σ	-					_		1 🔀 YES 2 🗌 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF OEATH (Ch	eck only one)		
Sic		HOSPITAL: ★ Inpatient 2 ER/Outs	patient 3 🗆 DOA	OTHER: 4 Nursing Horn	ne 5 🗆 Residence	8 Other (Specify)		
E	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY WO	JURY AT DRK?	26d. DESCRIBE HOW	NJURY OCCUP	RED
₽¥	1 X Natural 5 Pending 2 Accident Investigation	On BLACE OF BUILD			YES 2 NO		M	Out Out Name
P	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	r — At nome, term, s cify)	treet, factory, offic	•	28t. LOCATION (Street City or Town, State,		rurai Houte Number,
COMPLETED	29e. CERTIFIER 1 XCERTIFYING PHYSICIA (Check only one)	_						
Ö	2 MEDICAL EXAMINER:	On the basie or examination	n end/or investigation	n, in my opinion, o				euse(e) end menner ee stated.
BE	206. SIGNATURE AND TITLE OF CERTIFIER	D Pathala	oict		29c. LICENSE NUI DO8949	MBER		IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	D, Patholo		Print)	לאלסטען		7 11.	-17-90
					Caton Ave	a. Balto	MD 21	229
	Bert F. Morton, M. 31. DATE FILED (Month, Day, Year) 11-17-90	32. REGISTRAR'S SIGN	ATURE 4000	1 A. F	' YO	l an	410 CL	
	11-17-90	INUA	T ~ 1330	gula 0	evidour-hon	per-		

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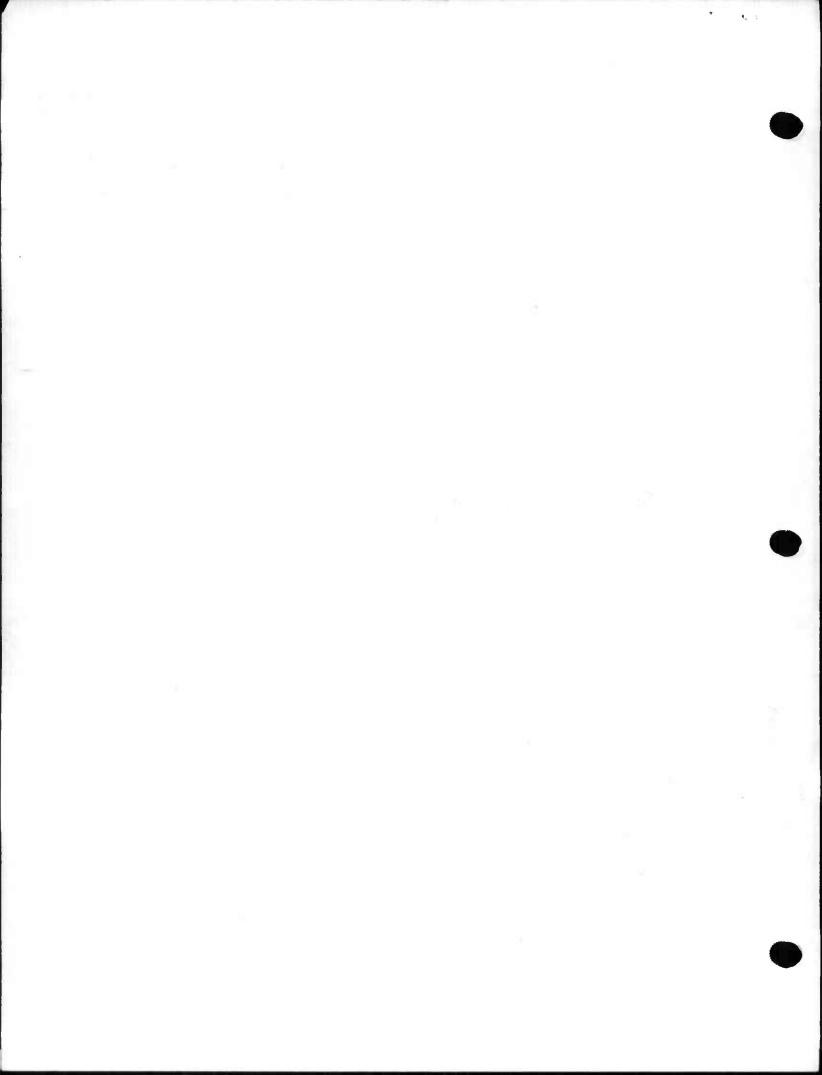
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90	01	60	6

	FOR STATE REGISTRAR	STATE OF MARYLAND / CE		T OF HEALTH AND	MENTAL HYGIENI REG. NO.	90	31602	
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES D. DRE	SSEL		2. DATE OF DEATH	VEAU 90	3. TIME OF DEATH M	
ı		SEX 6. AGE (In yrs. les	YRS. IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 7-12-1916 6. BIRTHPLACE (State or Foreign Country) MARYLAND			
	213-07-8650	M 2 F 74 and number)		TY, TOWN OR LOCATION OF D		9c. COUNTY O		
DIRECTOR	1717 BAYARD AVENU			DUNDA	LK	BAL	TIMORE	
JE	10a. STATE 10b. COUNTY		10c. CITY, TOWN				10d. INSIDE CITY LIMITS?	
	MARYLAND BAL 100. STREET AND NUMBER	TIMORE	1	DUNDALK 101, ZIP CODE		10g. CITIZEN C	1 YES 2XXNO	
FUNERAL	1717 BAYARD AVENU	E		212	017.	US.A.		
FE		. WAS DECEDENT EVER IN U.S. AR FORCES? 1 V YES 2 N		. WAS DECENDENT OF HISPA It yea, specify Cuban, Maxico		or No- 14. R	ACE — American Indian, lack, Whita, atc.	
B≼	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES WW II		1 YES 2 X NO Specif		S	white	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted) (G.	CEDENT'S USUAL ive kind of work don . Do NOT use retired	OCCUPATION a during most of working)	16b. KIND OF BUS	INESS/INDUSTR	Y	
IPLE		01lege (1-4 or 5+) //	SHIPP		STANSB	URY STE	REO	
8	17. FATHER'S NAME (First, Middle, Last)			18, MOTHER'S NA	AME (First, Middle, Malden	Surname)		
BE	JOHN DRESSEL 198. INFORMANT'S NAME (Type/Print)	I a		GRACE SS (Street and Number or Rural	WURM	0		
2	BERTHA W. DRESSEL			SS (Street and Number of Hural				
	20a. METHOD OF DISPOSITION 1 X Bu 4al 2 Cremation 3 Removal	from State 20b. PLACE	OF DISPOSITION (Name of cemetery, crematory or	20c. LO	CATION — City o	r Town, Steta	
	4 Donation 5 Other (Specify)	BALTI	MORE NA	TIONAL CEM. 1	11-19-90 B	ALTIMOR	RE, MARYLAND	
	13AM		1	DUDA-RUCK FUN 1922 WISE AVE	VERAL HOME	OF DUNI		
	23. PART FEnter the diseases, or com	plications that caused the da	ath. Do not ant				Approximata Interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death) s	Carcin		Lung.	Left up	per los	Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):							
S S	Sequentially list conditions, if any, leading to immediate							
CA	ceuse. Enter UNDERLYING CAUSE (Diseesa or Injury	OUE TO (OR AS A CONSE	7 Car	anomo	٠			
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO OH AS A CONSE	GOENCE OF):				į į	
	PART II. Other significant conditions of	ontributing to deeth but not	regulting in the	underlying cause given in	Part i, 24e. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS	
CAL		of ortens	BO	and onlying could given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE	
SICIAN: MEDIC		0				7,10	OF DEATH? 1 YES 2 NO	
NN:								
SICI		OSPITAL:	ОТН	26. PLACE OF DEATH (C				
Ĭ	27, MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	,	
B	Natural 5 Pending Investigation		м	1 YES 2 NO				
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, f	actory, office	26t, LOCATION (Street of City or Town, State)	and Number or Ru	rel Route Number,	
PLE	29a. CERTIFIER 1 CERTIFYINO PHYSICIAI	N: To the best of my knowledge, de	eath occurred at th	s time, date end place, and du	e to the cause(a) and mar	nner as stated.		
NO	one) 2 MEDICAL EXAMINER: C	On the beals of examination and/or	Investigation, in m	y opinion, death occured at th	e time, data and place, an	d dua to the cau	se(s) and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Klean	MS	29c. LICENSE NU	391	29d. DATE SIG	NED (Month, Dey, Year) - 16 - 90	
٩	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEATH THE	M 27) (Type, Print)	reltimore 1	12 2/2	239.		
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						
	MUN 19 1880	Frena Davidson-Par	delle					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: He content the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Character and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	- (3	0 31603		
	1. DECEDENT'S NAME (First, Middle, Last)	Donates	o Jr.				AY Y	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Hours Min. (Month, Day, Hoar)						8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give:		06 THS.	9h. CITH TOWN O	R LOCATION OF DE	2-8-	9c. COUNTY	Baltimore		
H	Mercy Medical Ce	ŕ		Briti	hel		6	154.		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		I so city	TOWN OR LOCAT	101			Last marks over		
DIRECTOR	MD.	T		Baltimor				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ER/	2124 Fleet Stre	et			21231		U.	S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1XXYES IF YES, GIVE WAR OR DA WWTT	2 NO	If yes, spi		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a. DECEDENT'S I	USUAL OCCUPATIO	N et of uncking	16b. KIND OF BU	SINESS/INDUST			
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Professor University of Baltimore									
OM	Tr. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Melden Surname)									
BE C										
9	19e. INFORMANT'S NAME (Type/Print)					Poute Number, City or Tox				
	Frances A Donahoo 2124 Fleet Street Baltimore, Maryland-21231 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of competers, cremetory, cremetory or 200. LOCATION — City or Town, State									
	1 Burlal 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Baltimore, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 BELIAT ROAD									
	* Kathlun	m. Muns	la .	John C	. Miller	, Inc. B	alto. N	Md21206		
	23. PART I. Enter the diseeses, or shock, or heart fellure.	complications that caused. List only one cause on ea		ot enter the mo	de of dying, auci	h as cardiac or resp	iratory arrest	Approximata interval Between		
	iMMEDIATE CAUSE (Finei disease or condition	Comand	ive Heart	Farly	. 0			Onset and Death		
	resulting in death)	DUE TO OR AS A	CONSEQUENCE OF):						
NO	Sequentially list conditions,	T4CM	CONSEQUENCE OF	lionya	pathy					
ATI	if any, leading to immediate ceuse. Enter UNDERLYING	205 10 (011 25 2	CONSEGUENCE OF	<i>y</i> -	,			į į		
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	d								
CAL	PART II. Other aignificant condition	na contributing to deeth b	ut not resulting i	n the underlying	cause given in		AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DIC						1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
ME								1 TES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL:	atient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 Other (Specify)				
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	PIK?	28d. DESCRIBE HOW	INJURY OCCUP	IED		
В	2 Accident Investigation	280 PLACE OF MULTIPLY	— At home ferm a		ES 2 NO	284 LOCATION /Street	and Number of	Print Route Number		
3 Suicide 8 Could not be 4 Homicide 4 Homicide 28e. PLACE OF thujury — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF thujury — At home, farm, street, factory, office City or Yown, State)							noisi noute number,			
COMPLETED	Check brilly	SICIAN: To the best of my know								
	2 MEDICAL EXAMIN	IER: On the basis of examination	n end/or investigatio	n, in my opinion, d			T			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	med ander	a. m		D 286 7		29d. DATE S	13 9 b		
유	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	. 1		111	7/10		
	333 St . Va 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	12 2A)	Baltine	v, Md	21212	:			
	NOV 1 4 1000		nde 100							



DR ATTENDING PH CHAIR SWEETING THE DEATH CENTRICATE DE EXECUTED WITHIN 4-7 HOURS AFTEN DEATH. PAGE 15 MAY DE TETANDED BY THE HOSPITAL OF ATTENDING PRYSICIAN.	DIRECTOR, After this are been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	olde Dept. Of heart and mental hyperic profit would be contained.	item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
requires, that	d paugis usa	OI HEARTH A	shows any
WE THE SW	and and	State Dept.	r Item 23
PHOS	ir this ca	IN WITH THE	arked, or
TENDING	TOR: Afte	mer bear	E is m
DR AT	DIRECT	NOUS A	Hem 2

BERGETTAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DISTORY OF MARY PRINCIPLE OF DEATH REG. NO. 1. THE OF DEATH REG. NO. 1.		one) 2 MEDICAL EXAMINER:	_				death occure	d at the time,		end due to t	he cause(e)	
THOUSENING THOUSENING	LET		AN: To the best of my knowled	ge, death occur	red at the	time, date	and place, r	and due to the	cause(e) and m	anner as ste	ted.	
THOUSENING PROJECTION AS GREEN DAWS 1. DECORPTS MANE PROJECTION AS GREEN DAWS 1. DECORPTS MANE PROJECTION TO ASSOCIATED AS STATE OF GRAPH AND PROJECTION TO ASSOCIATED AS STATE OF GRAPH AND PROJECTION TO ASSOCIATED AS STATE OF GRAPH AND PROJECTION TO ASSOCIATED AS STATE AND PROJECTION TO ASSOCIATED AS STATE AND PROJECT OF GRAPH AND PROJECT OF		4 Homicida determined	building, etc. (Specify))					City or Town, State	9)		ute Number,
THE CONTROL SECTION AND CONTROL LAND 1. DECEDENT'S MANE (First, Middle, Land) THOM AS SEEEN DAVIS 2. DATE OF DEATH WITH THE CONTROL AND CONTROL AN		Natural 5 Pending investigation	(Month, Day, Year)	IN	M 1 YES 2 NO			NO	28d. DESCRIBE HOW INJURY OCCURED			
THE CONTROL SECTION AND CONTROL LAND 1. DECEDENT'S MANE (First, Middle, Land) THOM AS SEEEN DAVIS 2. DATE OF DEATH WITH THE CONTROL AND CONTROL AN	IYSI	1 VES 2 X NO	☐ Inpetient 2 ☐ ER/Outpeti		4 🗆 Nu	rsing Hon						
THE CONTROL SECTION AND CONTROL LAND 1. DECEDENT'S MANE (First, Middle, Land) THOM AS SEEEN DAVIS 2. DATE OF DEATH WITH THE CONTROL AND CONTROL AN	CIA	EN 11 11 11 11 11 11 11 11 11 11 11 11 11	HOSPITAL .				LACE OF DEA	ATH (Check onl	y one)			
THE CONTROL SECTION AND CONTROL LAND 1. DECEDENT'S MANE (First, Middle, Land) THOM AS SEEEN DAVIS 2. DATE OF DEATH WITH THE CONTROL AND CONTROL AN	4: MEDIC								1 🗍 YES	2 NO	3	OF DEATH?
1. DECEDENT'S NAME (First, Middle, Last) THO M AS GREEN A. BOCIAL SECURITY NAME (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) DE PRODUCT OF DEATH SOUTH AS SEX LAST (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) DE PRODUCT OF DEATH SOUTH AS A NAME (First, Middle, Last) THO M AS SEX NAME (First, Middle, Last) DE STORM OR LOCATION OF DEATH SOUTH AS A NAME (First, Middle, Last) 10. CECEPHY SEDENCE OF DECEDENT 10. DECEDENT'S EDURATION STREET AND NUMBER 10. DECEDENT'S EDURATION 11. MARITAL STATUS 12. WAS DECEDENT BY U. S. ANMED 15. WAS DECEDENT'S EDURATION 16. DECEDENT'S EDURATION 16. DECEDENT'S EDURATION 17. FATHER'S NAME (First, Middle, Last) TON NOT USE AND SOUTH OF DEATH A. BOCIAL STATUS 16. CECTPON'S SALE (First) 16. C	-	PART II. Other eignificent conditions	contributing to death but	not resulting	In the u	nderiyin	g ceuse giv	ven in Part i				AVAILABLE PRIOR TO
1. DECEDENT'S NAME (First, Middle, Last) THO M AS GREEN A. ADD (IN yr. Inst brindary) 4. ADD CLASS SCURITY NAME (First, Middle, Last) THO M AS GREEN A. ADD (IN yr. Inst brindary) 4. ADD CLASS SCURITY NAME (First, Middle, Last) THO M AS A. ADD CLASS SCURITY NAME (First, Middle, Last) THO M AS A. ADD CLASS SCURITY NAME (First, Middle, Last) TO STREET AND NUMBER 10. COUNTY DE DECEDENT 10. STREET AND NUMBER 10. COUNTY DE DECEDENT 10. STREET AND NUMBER 10. COUNTY DECEDENT ONLY IN U.S. AND DECED	CERT	resulting in death) LAST	h. AC;									
1. DECEDENT'S NAME (First, Middle, Last) THO M AS GREEN A. BOCIAL SECURITY NAME (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) DE PRODUCT OF DEATH SOUTH AS SEX LAST (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) DE PRODUCT OF DEATH SOUTH AS A NAME (First, Middle, Last) THO M AS SEX NAME (First, Middle, Last) DE STORM OR LOCATION OF DEATH SOUTH AS A NAME (First, Middle, Last) 10. CECEPHY SEDENCE OF DECEDENT 10. DECEDENT'S EDURATION STREET AND NUMBER 10. DECEDENT'S EDURATION 11. MARITAL STATUS 12. WAS DECEDENT BY U. S. ANMED 15. WAS DECEDENT'S EDURATION 16. DECEDENT'S EDURATION 16. DECEDENT'S EDURATION 17. FATHER'S NAME (First, Middle, Last) TON NOT USE AND SOUTH OF DEATH A. BOCIAL STATUS 16. CECTPON'S SALE (First) 16. C	TIFIC	that initiated events	DUE TO (OR AS A CO									
1. DECEDENT'S NAME (First, Middle, Last) THO M AS GREEN A. BOCIAL SECURITY NAME (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) DE PRODUCT OF DEATH SOUTH AS SEX LAST (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) THO M AS A. BOCIAL SECURITY NAME (First, Middle, Last) DE PRODUCT OF DEATH SOUTH AS A NAME (First, Middle, Last) THO M AS SEX NAME (First, Middle, Last) DE STORM OR LOCATION OF DEATH SOUTH AS A NAME (First, Middle, Last) 10. CECEPHY SEDENCE OF DECEDENT 10. DECEDENT'S EDURATION STREET AND NUMBER 10. DECEDENT'S EDURATION 11. MARITAL STATUS 12. WAS DECEDENT BY U. S. ANMED 15. WAS DECEDENT'S EDURATION 16. DECEDENT'S EDURATION 16. DECEDENT'S EDURATION 17. FATHER'S NAME (First, Middle, Last) TON NOT USE AND SOUTH OF DEATH A. BOCIAL STATUS 16. CECTPON'S SALE (First) 16. C	ATIC	If any, leading to immediate cause. Enter UNDERLYING	Hey DE	RTEN RTEN	DF):							
1. DECEDENT'S NAME (First, Middle, Last) THO MAS A BOCIAL SECURITY NUMBER 2. DATE OF DEATH MONTH MO	N	Sequentially list conditions 6.	Acc 100	L ((CAR	Dio	MYO	PATIKA	1		:
1. DECEDENT'S NAME (First, Middin, Last) 1. DECEDENT'S NAME (First, Middin, Last) 1. DECEDENT'S NAME (First, Middin, Last) 2. DATE OF DEATH NOV. 14		resulting in death) a	DIST TO 100 AG A G		-							
1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Mid		IMMEDIATE CAUSE (Finel disease or condition	CARDI	0 01	4 L AA	oN!	ny	As	2557			Onset and Deeti
1. DECEDENT'S NAME (First, Middie, Lest) THOM AS GREEN A SOLAL SECURITY NUMBER 2. DATE OF DEATH MONTH THOM AS GREEN A SOLAL SECURITY NUMBER 2. DATE OF DEATH MONTH A SOLAL SECURITY NUMBER 2. DATE OF DEATH MONTH A SOLAL SECURITY NUMBER 2. DATE OF DEATH MONTH A SOLAL SECURITY NUMBER 2. DATE OF DEATH MONTH A SOLAL SECURITY NUMBER 2. DATE OF DEATH MONTH AND I LIVE OF DEATH AND I LIVE OF DEATH BESIDENCE OF DECEDENT 109. STREET AND NUMBER 3. SEX. 1. DATE OF DEATH BALTIMORE, MD. 109. STREET AND NUMBER 3. DOD MILFORD AVE. 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER 109. STREET AND NUMBER		23. PART I. Enter the diseases, or cor shock, or heert fellure. List	mplications that caused that only one cause on each	he deeth. Do	not enter	r the mo	de of dyln	g, such ee d	ardiac or resp	olratory en	reat,	Interval Batween
THE COLOR TO PACK THE MAKE (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) THO MAS GREEN A. BOCIAL SECURITY NUMBER 2. 4. BOCIAL SECURITY NUMBER 2. 24 - 28 - 0693 1. Ma 2 F		· Isay L.	1-0-00									
THOM AS GREEN DAVIS 1. DECEDENT'S NAME (First, Middle, Last) THOM AS GREEN DAVIS 2. DATE OF DEATH NORTH DAV 1/4 PRO 7:13 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV. 14 1980 7:14 A M NOV.		4 Donation 6 Other (Specify)		GARRI.	_				1000	11165	MILL.	S, MD.
1. DECEDENT'S NAME (First, Middis, Last) THOMAS GREEN ANGE (in yrz. last brithday) 4. SOCIAL SECURITY NUMBER 224-28-0693 1 M 2 F AGE (in yrz. last brithday) 96. FACILITY NAME (if not institution, give street and number) 96. FACILITY NAME (if not institution, give street and number) 96. FACILITY NAME (if not institution, give street and number) 96. FACILITY NAME (if not institution, give street and number) 96. FACILITY NAME (if not institution, give street and number) 96. FACILITY NAME (if not institution, give street and number) 96. COUNTY OF DEATH 106. STATE 106. COUNTY 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. TOWN OR LOCATION 108. INSIDE CITY 109. STREET AND NUMBER 3200 MILFORD AVE. 11. MARITAL STATUS 109. STREET AND NUMBER 3200 MILFORD AVE. 11. MARITAL STATUS 109. STREET AND NUMBER 3200 MILFORD AVE. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 YES 2 NO FORCES 1 NO Specify Only highest grade completed) 11. WAS DECEDENT'S EDUCATION (Give kind of work done during most of working line Do NOT use retired.) 11. MOTHER'S NAME (First, Middle, Meiden Sumerne) 12. WAS DECEDENT'S NAME (First, Middle, Meiden Sumerne) 13. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 15. MOTHER'S NAME (First, Middle, Meiden Sumerne) 16. DO NOT use retired.) 17. FATHER'S NAME (First, Middle, Meiden Sumerne) 18. MOTHER'S NAME (First, Middle, Meiden Sumerne)		20s. METHOD OF DISPOSITION	20b. Pt	LACE OF DISPO	SITION (N	ame of cer	netery, cremet	ory or	20c. L	OCATION -	City or Tow	n, State
THEGISTRAN 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Maiden Surmerne) 2. DATE OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. TIME OF DEATH NOWN NOV. 14 1989 3. DATE OF DEATH NOWN NOV			S	3200	ADDRES	S (Street a	RD A	VE. B	act. M.	on, Stata, Zir.	1207	7
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1. DECEDENT'S NAME (First, Middle, Last) THOMAS GREEN OAVIS 2. DATE OF DEATH MON		15, DECEDENT'S EDUCAT (Specify only highest grade co.	TION 16 mpleted)	Sa. DECEDENT'S (Give kind of	USUAL O	CCUPATIO during mo	ON st of working		16b. KIND OF BU	SINESS/IND	USTRY	+FIST
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1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY VEAR NOV. 14 1990 1. 13 A. N. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In viz. last birthday) IF UNDER 1 VEAR IF UNDER 24 MRR 7. DATE OF BIRTH 8. BIRTHPLACE (State of Formion		9e. FACILITY NAME (If not institution, give stree										
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 90 31604			CATC		NAI	115			NTH D		YEAR	
FOR STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE QQ 21 CQ1		- SIAIE).	0	31004
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ATUU

32. REGISTRAR'S SIGNATURE

OHAM

NOV 1 9 1990

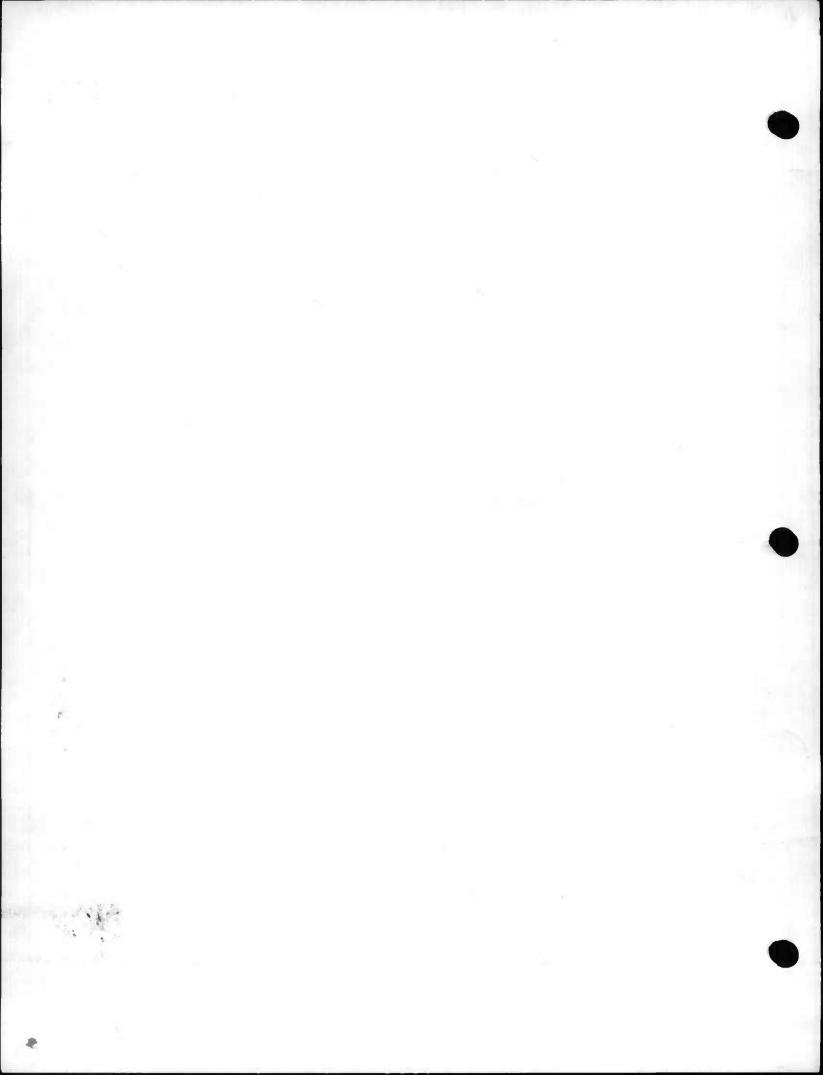
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TO BE COMPLETED BY FUNERAL DIRECTOR

90-31605

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	F DEATH		YEAR	3. TIME OF DEATH	
	George Eldred DOTY November 14 1990									8:45 n				
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	4. SOCIAL SECONITY NUMBER	5. SEX						(Month.	1913	Countr	nv)			
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DIRECTOR	FRANKLIN SOUARE H		ROSSVILLE Baltimore											
S	10e. STATE 10b. COUNTY	10c CITY	, TOWN OF	LOCAT	ION		-				10d. INSIDE CITY			
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FUNERAL	10e. STREET AND NUMBER					10f	ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
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ᄬᅵ	2122 LINCOLN AVNE													
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ا ت	Elementery/Secondery (0-12)	College (1-4 or 5 +	•)			~ 111			-		11711	0TEE		
ž	10TH GRADE	N/A		ELE(CTRIC	LAN				ETHLE		SIEE	L	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumeme)			
	BENJAMIN FRANKLIN	LOTY						TEAL	NNETT	E BOD	THE			
BE	19e. INFORMANT'S NAME (Type/Print)	V 1717.	16	BE MAILING	ADDRESS	(Street a	and Numbe			or, City or Tow		n Code)		
2			- 1											
	CATHERINE S. DOTY	/							RAI				AND 21219	
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	ound from State	other n	OF DISPOS								City or To	***************************************	
	4 Donation 8 Other (Specify)	Oval Holk State	- IAKEU	ITFW N	SEMOR	TAI	11-	17-1	990	RAI	TTMO	RF	MARVIAND	
	4\(\) Donation 8 \(\) Other (Specify) \(\) IAKEVIEW MEMORIAL 11 = 17 = 1990 \(\) BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE \(\) 22. NAME AND ADDRESS OF FACILITY													
	DUDA-RUCK FUNERAL HOME OF DUNDALK, INC.													
	Jan Jan	T. Or	Lour	ren	79	22	WITCE	AUF	MILE	DUNDA	IK	MD	D 21222	
	23. PART I. Enter the diseases, or o	complications the	t coused the d	eeth. Dp r	opt enter t	the mo	de of dy	ing, suc	h aa card	ec Dr reep	ratory ar	rest,	Approximate	
	ahock, Dr heart fellure.	List Dnly one ceu	use on eech lin	e.									Interval Between	
	IMMEDIATE CAUSE (Fine)													
- 1	disease or condition e. Metastatic Lung Carcinoma													
	disease or condition	. Metast	tatic L	ıng C	arcin	oma								
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ATION	resulting in death) Sequentially list conditions, if any, leeding to immediate	DUE TO		EOUENCE O	F):	oma								
ICATION	resulting in death) Sequentially list conditions,	DUE TO DUE TO	(OR AS A CONSE	EQUENCE OF	F):	oma								
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 8 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide Berry Check only one) 1 CERTIFFIER (Check only one) 1 CERTIFFIER EXAMINE	DUE TO DUE TO	(OR AS A CONSE (OR AS A CONSE	EQUENCE OF TRANSPORT OF THE PROPERTY OF THE PR	OTHER 4 Nursel E OF JURY M street, fectored at the titon, in my op	26. Pi	g couse LACE OF DIVEY AT DIVEY AT PES 2 De end place death occur 29c. LIG	DEATH (Chinesidence NO	e Other 28d. DES 28f. LOC/ City of to the cau of time, date	PERFORM 1 YES 2 (Specify) (Specify) CRIBE HOW (Street Pown, State) se(e) end me end place, end	INJURY OC	or or Rural med, the couse(Boute Number, Route Number, (e) end menner as stated.	

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Dept. of Health and Mental Hygiene prior to buria	2	
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31. DATE FILED (Month, Day, Year)
NOV 1 0 1990

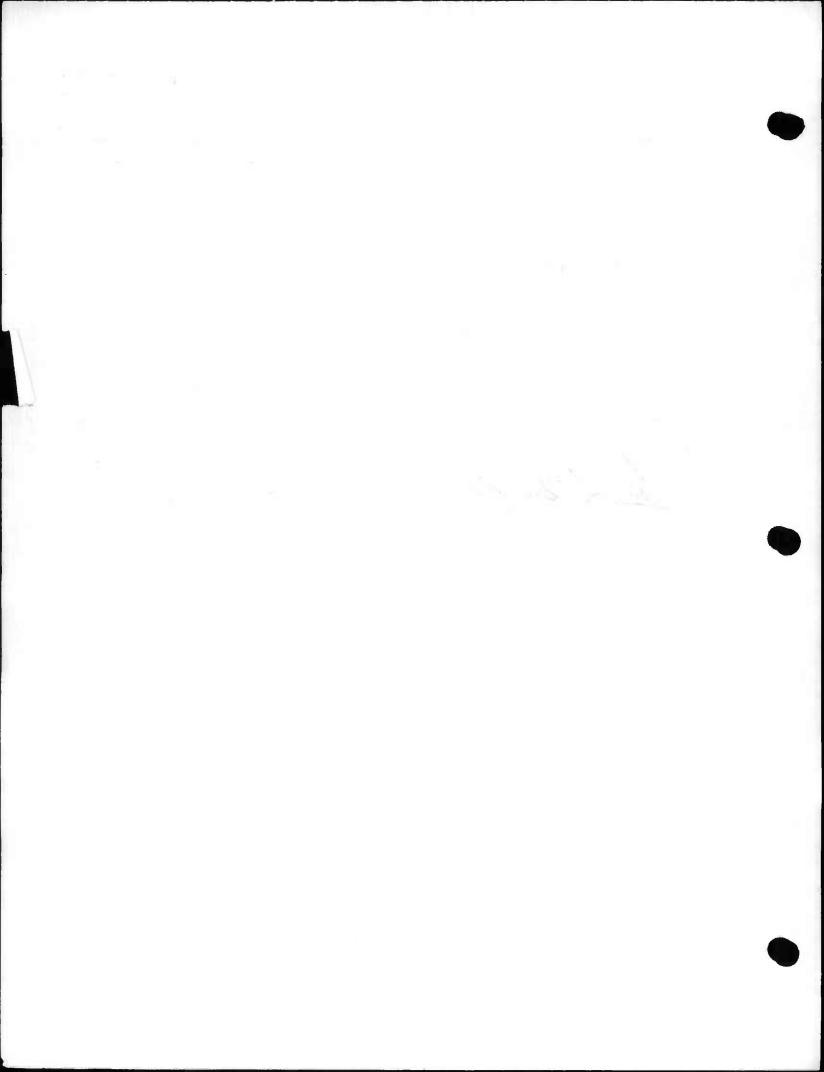
32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF M		/ DEPAR						IYGIEN	E 90		31606	O
	1. DECEDENT'S NAME (First, Middle, Last)							T	2. DATE OF	DEATH			3. TIME OF DEAT	гн
	Ethel DELLS								Vovemb	er 1	。 6, 19	90	2:19	Ам
	4. SOCIAL SECURITY NUMBER	6. 9EX	6. AGE (In yrs.	last birthday)		ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH		6. BIRTH	PLACE (State or Fo	
	217-01-1387	1 🗆 M 2 💢 F	85	86 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De)4	MAR	y YLAND	
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. Cl	TY, TOWN C	R LOCATIO	ON OF DE			9c. COUN			
TOR	FRANKLIN SQUARE	HOSPITAL	ı			RO	SEDA	LE			Balt	imoı	re	
DIRECTOR	MARYLAND 10b. COUNT	Y		10c. CIT		OR LOCAT							10d. INSIDE CITY LIMITS? 1) YES 2	
FUNERAL	100. STREET AND NUMBER 1018 UNION A	VENUE				101	. ZIP CODI	1211			10g. CITIZ	US.	THAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 27		15	If yes, sp	ecify Cuba	of HISPAN In, Mexican Specify:	IC ORIGIN? (S , Puerto Ricei	ipecify Yes n, atc.)	or No—	Speci	— American Indi , White, atc. hy: WHITE	en,
LETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +		DECEDENT'S (Give kind of life. Do NOT u	work don	e during mo	ON et of workin	ng	16b. KIR	ND OF BUS	SINESS/INDU	ISTRY		
COMPLET	UNKNOWN 17. FATHER'S NAME (First, Middle, Last)			HOUS	EWI	r E			ME (First, Midd					
BE	JOHN S. YOUNG								OPE BA					
5	190. INFORMANT'S NAME (Type/Print) EARL DELLS								oute Number, (21211	
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rem 4 Donetion 5 9her (Specify)	oval from State	other	CE OF DISPO Place) DENS				netory or			LTIMO			
	21. SIGNATURE OF FUNERAL SERVICE LI	ремуне	/	WILLIO		2. NAME A		SS OF FAC	CILITY	D.C.	LITITIO	ICL	TID.	
	· Join LC	bang	0						, JR. VENUE.				21211	
	23. PART I. Enter the diseases, or shock, or heart feilure.	complications the	ceused the	deeth. Do									Approxim	
	IMMEDIATE CAUSE (Finei	. Cardia											Onset en	
2		b. Myocar	OR AS A CON	SEOUENCE C		n								
ATIO	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CON	SEQUENCE O	DF):		4							
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	OUE TO	OR AS A CON	SEOUENCE C	OF):									
빙		d.										_		
MEDICAL	PART II. Other significent condition	ns contributing to	death but no	ot recuiting	in the	underlyin	g ceuse	given in	-	PERFOI	V	24b	WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?	TO
N: ME				<u></u>		_			- _				1 YES 2	NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? V	10000174					LACE OF D	DEATH (Che	ock anly one)					
SIC	1 VES 2 NO	HØSPITAL: 1 ☑ Inpatient 2 □	ER/Outpatient	3 🗆 DOA	4 I N		10 5 □ R	esidence	8 Other (S	pecify)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending tryestigation	28e. DATE OF (Month, D		28b. TII	ME OF JURY M	W	URY AT ORK? YES 2 [□ NO	28d. DESCRI	IBE HOW	INJURY OCC	URED		
TED BY	2 Accident anvestigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, f	actory, offic	•		281. LOCATIO	ON (Street fown, State	end Number	or Rural i	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS	ICtAN: To the beat of ER: On the beale of ea											e) end manner ee:	stated.
E CC	29b. SIONATURE AND TITLE OF CERTIFIE							ENSE NUM					(Month, Day, Year)	
TO BE	Leoup &		ni 3										5/90	
•	30. NAME AND ADDRESS OF PHISON W	ils, M.D.	SE OF DEATH (rank1	in So	q. Dr	., Ba	lto.	212	37		

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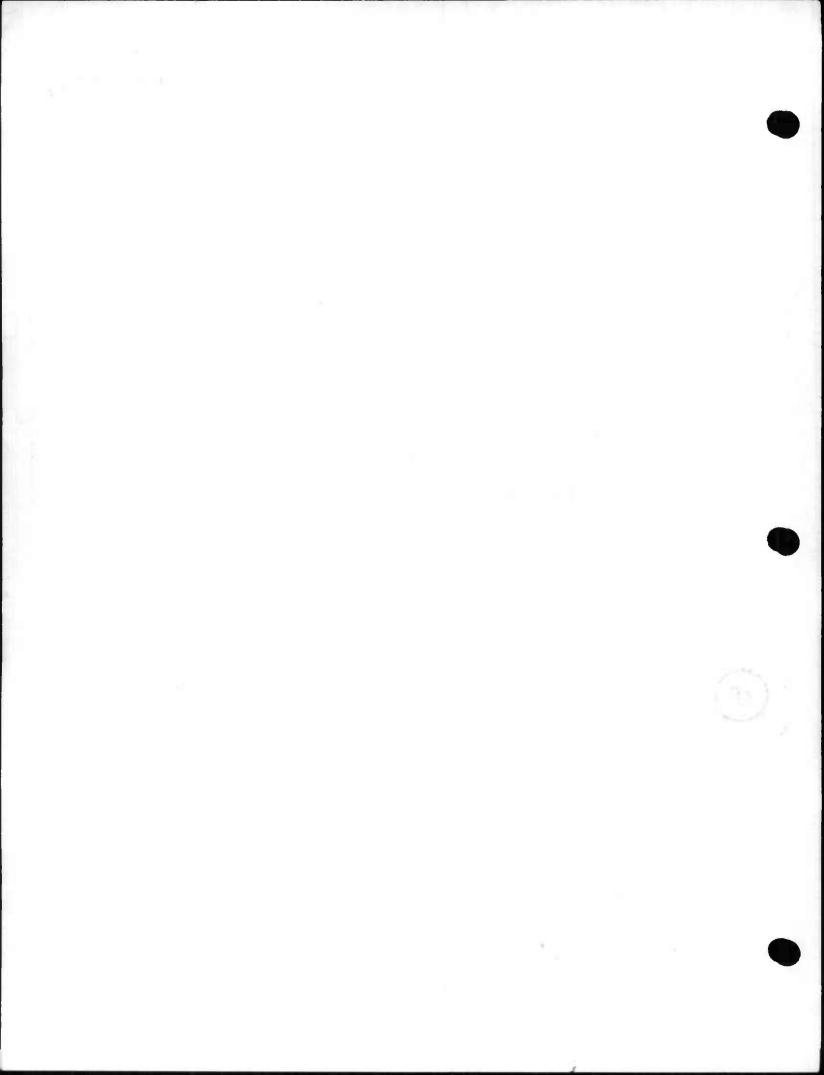
1990

Julia Tridon Fondale



ITEMS	:23 thru	28f	per	ME
G-670	12/3/90	CM		

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.	607								
	MONTH DAY YEAR	of death								
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. T. DATE OF BIRTH (Month, Day, Year) 1 - 1 2 - 6 3 MD									
OR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 1254 N. Broadway Baltimore City									
DIRECTOR	LIM	IDE CITY								
FUNERAL	100. STREET AND NUMBER 1621 NORTH AISQUITH STREET 101. ZIP CODE 21202 USA	INTRY?								
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — Ameri Black, White, if yes, specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify: 19. WAS DECENDENT OF HISPANIC ORIGI	ack								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 th Grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Unemployed									
NO.	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
BEO	Arthur Mack English Sr. Rebecca Jean Dorsey									
2	196. INFORMANT'S NAME (Type/Print) Rebecca Dunlap 196. MAILIND ADDRESS (Street end Number or Flural Floute Number, City or Town, State, Zip Code) 1621 N. Aisquith St./Baltimore, Md	21202								
	20a, METHOD OF DISPOSITION A Donesten 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commetent, cremetery or other place) Baltimore Cemetery Baltimore, N									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH	AVE.								
	ahock, or heart fallure. List only one cause of each line.	pproximate terval Between nset and Death								
CERTIFICATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEDUENCE DF): DUE TO (OR AS A CONSEDUENCE OF):									
-	PERFORMEO? ANALAB	UTOPSY FINDINGS LE PRIOR TO								
: MEDIC	U-LYSES 2 □ NO OF DEAT	TION DF CAUSE IH7								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCUMENT ACCUMENT CONTINUENT C									
YSIC	1 Down 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 8 Residence (Specify) Scene									
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 280. DATE OF INJURY 280. TIME OF INJURY AT WORK? 1 YES 2 NO UNKNOWN									
	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 4 Homicide determined 26a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 3 A REPOA BALTIMORE, MARYLAN									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at tha time, date end piece, end due to the ceuse(e) end manner ee stated. 2 MEDICAL EXAMINER: Do the best of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) and me	nner as stated.								
TO BE C	29b. S NATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER OCME 29d. DATE SIGNED (Month, 11-15-90	Day, Weer)								
	ANN M. DIXON,MD 111 Penn Street,Baltimore,MD 21201	VC								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 1 9 1990 Julie Davidson-Rendere	DHMH-16 Rev 1/89								



TO THE HOSPIAL OF STENDING PHYSICIAN: The law requires that the death certificate be executed within sentences after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 fours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTINIT: If Hem 28 is merked, or Item 23 shows enty injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	DECEDENT'S NAME (First, Middle, Last) William Kip Edwards								MONTH DAY YEAR				3. TIME OF DEATH			
									Nov.		8, 1990 7:00					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDE	MIN.	7. DATE OF	Dev. Year)	8. BIRTHPLI Country)					
	579-12-2341	579-12-2341 1 M 2 F		YRS.				101200-		729/		w York				
œ	E THE SECTION OF SECTION SECTI			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA												
5	715 Maiden Choice Ln., P			221 Catonsville Baltimo							timore					
E S	10s. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY				
5	Maryland	ore			Ca	tons	vil	le				1 🗌 YES 2 🔀 NO				
MAL	10e. STREET AND NUMBER				10	f. ZIP COD				10g. CIT		VHAT COUNTRY?				
Ä	715 Maiden Ch							1228			_	USA				
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 X Married	YES 2 1	RMED NO	- 11	if yes, sp	ecify Cub	en, Mexica	NIC ORIGIN? In, Puerto Ric	(Specify Yes can, etc.)	or No-	14. RACI Blaci	E — American Indian, c, White, etc.				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W				1 TYES	2 X NO	Specifi	y:			Spec	White			
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DE	ECEDENT'S	USUAL O	CCUPATH	ON of words		16b. F	(IND OF BU	SINESS/IN	DUSTRY	11112 00			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	.)	R. Do NOT us	se retired.)					, E.			. N. O.			
MP		5+	Fi	nanc	ial	Pl	_		_			esea	rch Corp.			
	17. FATHER'S NAME (First, Middle, Last)						18. MO1		ME (First, Mi							
BE	John Kip 194. INFORMANT'S NAME (Type/Print)	Edward				Uay.			rinn		ellj					
2	Mali W. Edwa:	nda							${ m Ln}$.				21228			
	20a. METHOD OF DISPOSITION	100	20b. PLACE			200			LJII •			- City or To				
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other p	(ece)					nc.				e, MD			
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE				22.	NAME A	ND ADDRI	SS OF FA	CILITY							
	, sery	M - NT - 1-1-							ocie				Inc. MD 21228			
	George E. 23. PART I. Enter the disesses, or o		t caused the d	eath Do									Approximate			
z	shock, or heart fellure. List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OF AS A CONSEQUENCE OF):											Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c															
ERTIF	that initiated events resulting in death) LAST	d	(OR AS A CONSE	OUENCE O	F):											
MEDICAL (PART II. Other significant condition	resulting	in the u	nderlyln	ng cause	given in		24a. WAS AN PERFOR	MERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
N.																
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			heck only one							
1YS	1 YES 2 X NO 27. MANNER OF DEATH	1 Inpetient 2 I	INJURY	3 ∐ DOA 28b. TIN	4 ☐ Nursing Home 5 KResidence 6 ☐ Other (Specify) ME OF 2sc. INJURY AT 2sd. DESCRIBE HOW INJURY OCCURE					CCURED						
	1 Natural 5 Pending	(Month, D	lay, Year)	IN	JURY	M 1 YES 2 NO										
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						ce		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYS 2 MEDICAL EXAMINE	and the second second second											s) and manner as stated.			
ш	200 SIGNATURE AND TITLE OF CERTIFIER							CENSE NU					(Month, Day, Year)			
0	Suy		- Jan	0			0	34	01	3	> 1	11/1	9/90			
2	39 NAME AND ADDRESS OF PERSON WI		SE OF DEATH (ITI	EM 27) (Type	R, Print)								E 2/228			
		saum		//	19	910	1 Pa	(/	70/6	6	6,	41	E CITES			
	NOV 19 1990		AR'S SIGNATURE													
	HOAT A 12217 3	who Davido	myanos									_	10.00			

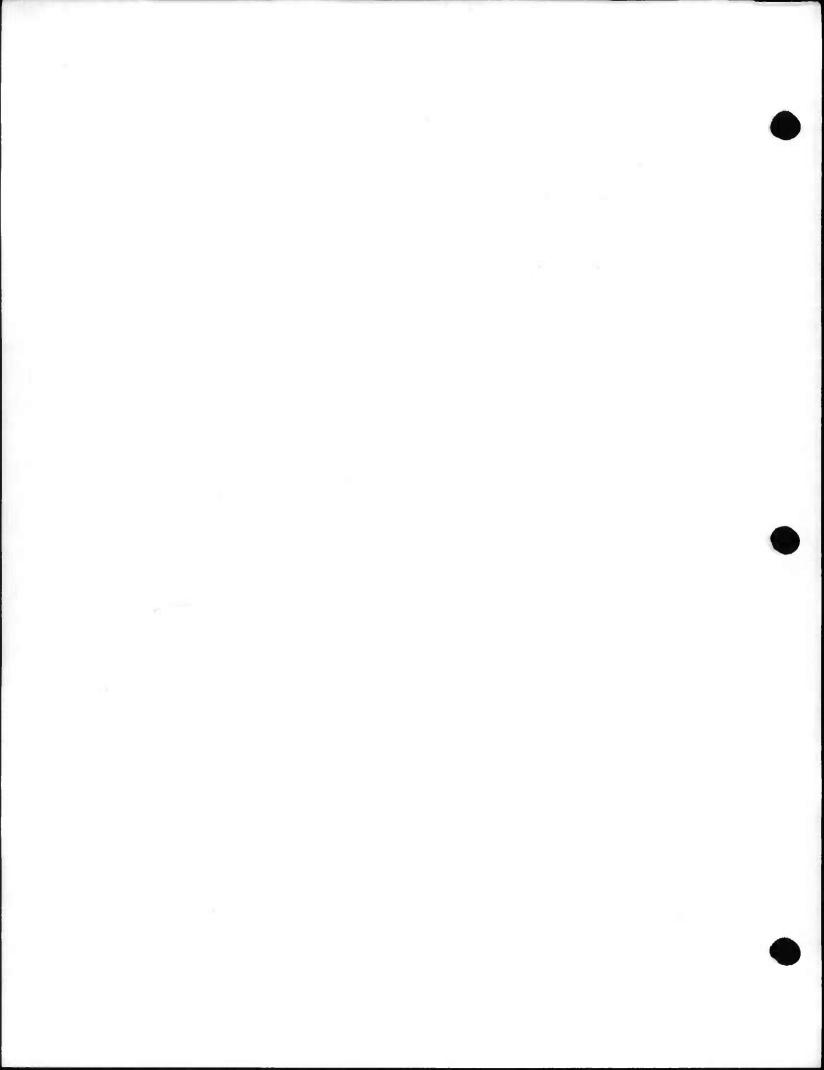
2 20 AT THE REPORT OF THE PARTY OF T and the second second BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYS, AND The two mounts must be about certificate be executed within 24 TO THE FUNERAL DIRECTOR. Anne this official is been agreed by the attending physician and completely fill be filed within 72 news after manned. The filed within 72 news are set in manned, or liem 23 hower any injury, or other traumatic event, the IMPORTANT: It item 28 is manned, or liem 23 hower any injury, or other traumatic event, the

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	* REGISTRAR				CERI	IFICAL	E OF	DEATH	RI	EG. NO.				
	1. OECEDENT'S NAME (First, VINCENT TI		E ELANAC	ΔN	f				2. DATE OF D MONTH NOV	EATH DA	, 199	YEAR	3. TIME OF 1	DEATH & M
	4. SOCIAL SECURITY NUMB		S. SEX		yrs. lest birth	day) IF taken	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	, 1J		PLACE (State	
	146-16-4901		1 📉 M 2 🗆 F	66		MONTHS	7	HOURS MIN.	(Month Des	14,	1924	NEW	YORK	, e. e.g.,
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CI	TY, TOWN				NTY OF DE			
OR	NATIONAL NAV		DICAL CE	NTER		BI	ETHES	ESDA			MONTGOMERY			
គ្ន	RESIDENCE OF DEC	10b. COUNTY	,		100	. CITY, TOWN	OR LOCA	TION	100				10d. INSIDE	CITY
DIRECTOR	VIRGINIA		E WILLIA	M		RIANGI	E						LIMITS?	? 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 18432 Bellea	auwood	Drive				1	2172					STATE	
2	11. MARITAL STATUS		12. WAS DECEDEN			1:		CENDENT OF HISPAN			or No-	14. RACE	- American White, etc.	Indien,
B	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE					NO Specify		, •••••]		Specif WH]	ly:	
TED		EDENT'S EDUC y highest grade			16a. OECEDE (Give kin	NT'S USUAL of of work don OT use retired	e during me	ON ost of working	16b, KIN	D OF BUS	INESS/INE	DUSTRY		
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5		MILIT		Reti	red)	DE	FENS	E U	.S.M	.c.	
BE CON	17. FATHER'S NAME (First, M SIMEON TERRI		LANAGAN					16. MOTHER'S NAME EDITH			Sumame)			
2	190. INFORMANT'S NAME (1 WILLIAM C TA							and Number or Rural F Quantic				Code)		
	20e. METHOD OF DISPOSIT Suriel 2 Crematic Donation 5 Other	on 3 🗆 Rem	oval from State	100	other place)			metery, cremetory or	37			City or Too	wn, Stete Virgin	nia
- [21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			2	2. NAME A	NO ADDRESS OF FA	CILITY					
	1/1/m	el -	mur.	3				Occoqua			_	ge,VA	A 2219)1
	23. PART I. Enter the d shock, or h		complications the			Do not ent	er the me	ode of dying, suc	h ea cardiec	or respi	ratory an	reat,		oximate ral Between
	IMMEDIATE CAUSE (Findisease or condition		•			0 A T) O T 1	TOREA							t and Death
	resulting in death)	→	METAST.		ADENU CONSEQUEN		AMON						-	
_			b										Ĺ	
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diete	DUE TO	(OR AS A	CONSEQUEN	CE OF):								
SE	CAUSE (Disease or injuthat initiated events		C. OUE TO	OR AS A	CONSEQUEN	CE OF):							-	
ERT	resulting in deeth) LAS	T	d											
	PART II. Other significa	ant condition	na contributing to	deeth bu	rt not reaul	ting in the	underlyir	ng cause given in	Part i. 24s	. WAS AN	AUTOPSY	24b.	. WERE AUTOF	
EDICAL									16	YES 2			COMPLETION OF DEATH?	
ME													1 TYES	NO NO
N.		D 4457-7-1												
SICIAN: M	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 X NO	O MEDICAL	HOSPITAL:	ED/Out	elland o 🗆 n	ОТН	ER:	LACE OF OEATH (Ch						
PHYS	27. MANNER OF DEATH		28e. DATE O	F INJURY	-	b. TIME OF	28c. IN	JURY AT	8 U Other (Sp 28d. DESCRI		NJURY OC	CURED		
ВУР	1 Natural 5 D	Pending Investigation	(Month,	Day, Year)		INJURY M		ORK? YES 2 NO						
ED	a D Sidelda	Could not be determined		OF INJURY	— At home, f	farm, street, 1	actory, offi	ce	281. LOCATIO City or To	N (Street a	and Numbe	or Rural F	Route Number,	
COMPLET	construction or or or or or or or or or or or or or							e and place, and due death occured at the					e) end manne	r ee stated.
	29b. SIGNATURE AND TITLE		<u> </u>	7		1,1		29c. LICENSE NUI		,, 4			(Month, Day,	
O BE	MA.C.	MIL	Mr 46	as 1	M	Q					•	NOT	12, 1	
2	M. C. MCCAI	RTHY,	LCDR, MC	, USN	ATH (ITEM 27)	(Type, Print)	NATIC BETHE	NAL NAVA	L MEDI	CAL	CENT	ER		
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNA	ATURE			,						
					_									
	NOV 19	1990	Sicha Dav	idson-l	Pandell	•								MH-16 Rev 1/89



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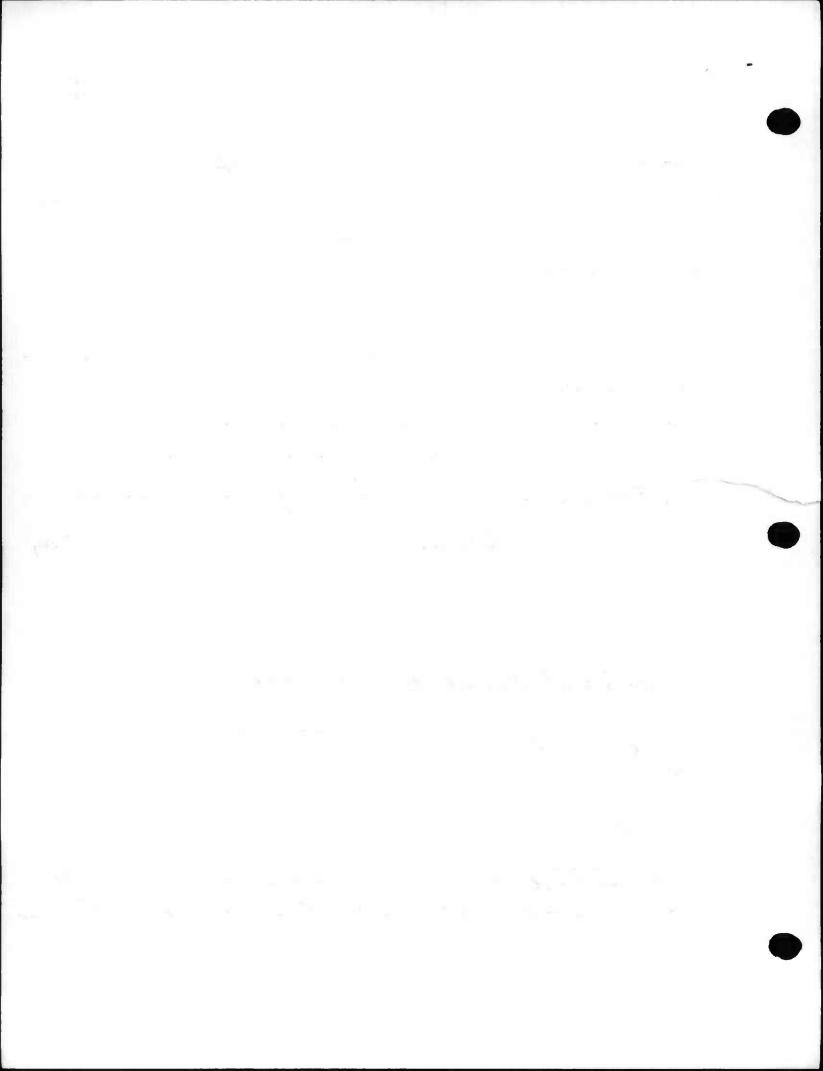
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PITAL OR ATTENDING PHYSICIAN; The law request of the contracte be executed within 2-mours after death. Page 6 may be retained by the bos	shoul		T: If item 28 is marked, or item 23 shown my litter, or other traumatic event, the medical exar iner must be notified at once.	
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within	npletel	in 72 hours after death with the State Dept. or Hourn and Mersel Hygiene prior to burial, cremation, or removal.	vent,	
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1	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO	/	31610		
	1. DECEDENT'S NAME (First, Middle, Lest)	L. F	OARL)	2. DATE OF DEATH MONTH DO	AV YEAR	3. TIME OF DEATH		
- 111		6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIH.	7. DATE OF BIRTH (Month, Dev. Year)	8. BIRTNE Country	LACE (State or Foreign		
	96. FACILITY NAME (If not identitution, give street	et and number) HOSE	DITAL DO	CITY, TOWN OR LOCATION OF D	EATN / D.	9c. COUNTY OF DE	10. Co.		
	Maryland Bal 106. COUNTY Maryland Bal 106. STREET AND NUMBER	timore	10c. CITY, TO	TOWSON			10d. INSIDE CITY LIMITS? 1 YES 3 NO		
п	Manor Care (Ruxton) Nursing H	ome	21204		USA	TAI COUNTRY?		
ı	11. MARITAL STATUS Never Married 2 Merried 1 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 🔀 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Maxie 1 YES 2 NO Speci	en, Puerto Ricen, atc.)	or No— 14. RACE Bleck, Specify	- American Indian, White, etc.		
	15. DECEDENT'S EDUCAT (Specify only highest grade co	rion mpleted) College (1-4 or 5+)	Me. Do NOT use rel	done during most of working		siness/industry	ry Store		
11	17. FATHER'S NAME (First, Middle, Last) Franklin T. Foard				AME (First, Middle, Meiden McComas				
	19a. INFORMANT'S NAME (Typo/Print) Mrs. Elmer L. Mumm:	a.		Williams Rd.			082		
	20e, METNOD OF DISPOSITION	al from State	b. PLACE OF DISPOSITIO	ON (Name of cemetery, crematory or ed Meth. Ch. (20c. LC	CATION — City or Tox	rn, Stata		
-11-	4 Donation # 10 Other (Specify) 21. SIGNATURE OF HUNERAL SURVICE-LICEN	oneure !	Harsh	22. NAME AND ADDRESS OF F	ACILITY	Home			
	23. PART I. Enter the diseases, or conshock, or heert fellure. Listing IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one ceuse on e	whe	enter the mode of dying, au	ch as cardiac or reap	iratory arrest,	Approximate Interval Between Onset and Death		
	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significent conditiona	contributing to death i	but not resulting in t	he underlying cause given in		RMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (CTHER:		1			
	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		28b. TIME O INJURN Y — At home, ferm, atre-	WORK? M 1 YES 2 NO		and Number or Rural R	oute Number,		
	4 Nomicide datermined 29e. CERTIFIER (Check only	AN: To the best of my know	wledge, death occurred a	it the time, date and place, end do	City or Town, Stella	nner as stated.			
	29b. SIGNATUBE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WNO	d. mo.	EATN //TEM AD /5 D-	29c. LICENSE N	UMBER 2849	29d. DATE SIGNEO	(Month, Day, Year)		

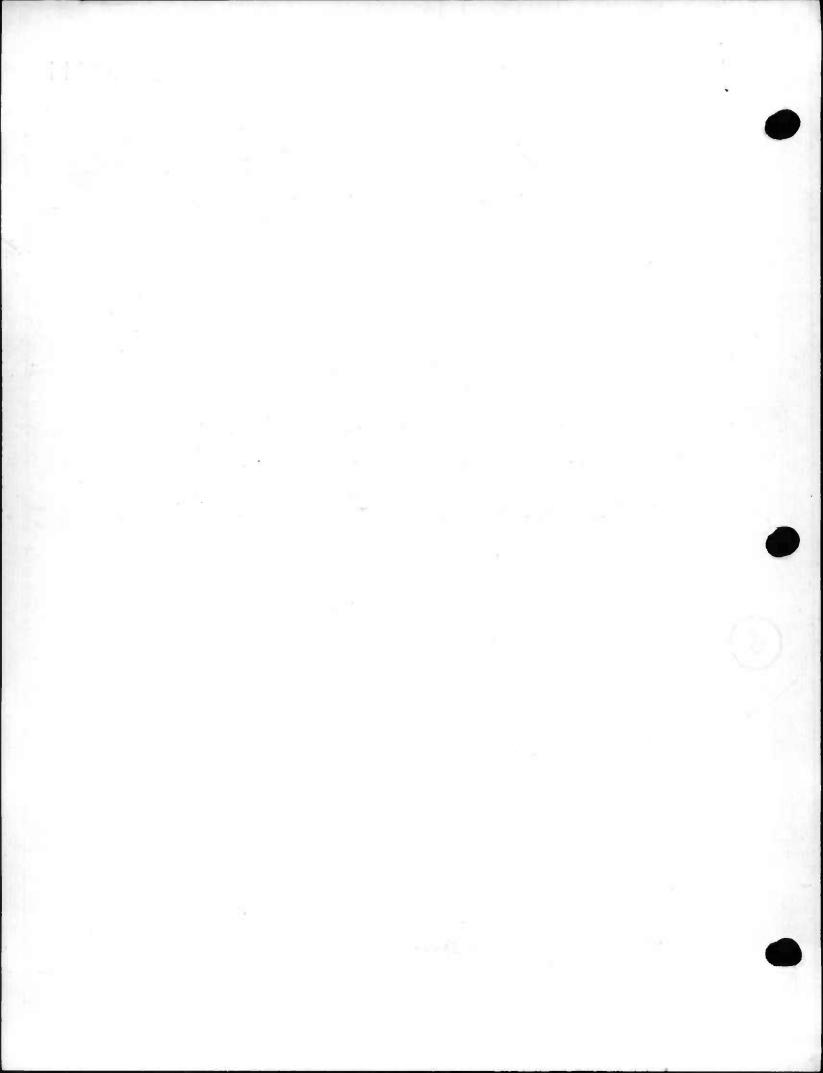
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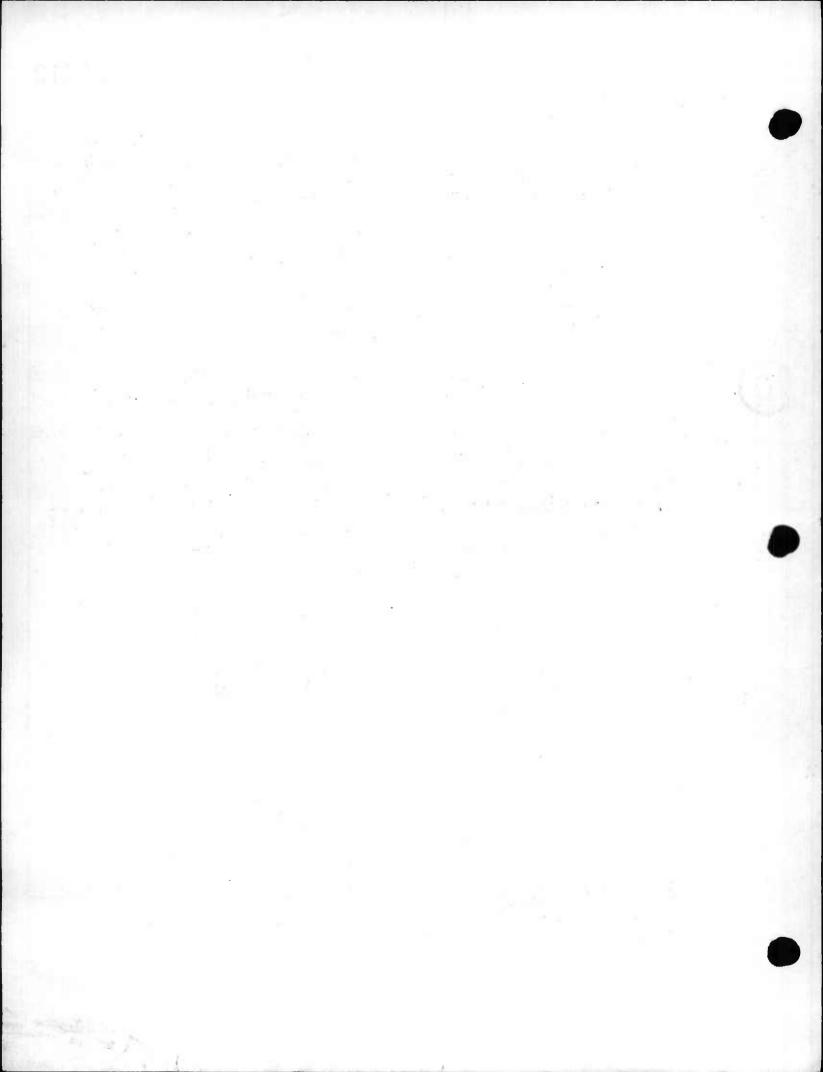


BALTI	24 nours after death.	filled in by the funera	on, or removal.	he madical evamie
13146,	death serifical be executed within .	amment produced and completely	me inflame drice to burial, crematic	the branch of the second of
DIVISION OF VITAL RECORDS 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the design executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been sinced by the attention of the funeral	be filed within 72 hours after death with the State Dupt, of Health and Mar	presentant is to a notice and an item of a second property of the madical average

٠	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEA CERTIFICATE OF D											
	1. DECEDENT'S NAME (FIRST, MICHOL, LASH) THEODORER GRIFFIN	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH										
9	A SOCIAL SECURITY NUMBER 5 SEY A AGE (In vir. last birthday) IS HADER 1 YEAR IS	UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign										
	219-05-0383 XM2 = 79 YRS. MONTHS DAYS HO	DURS MIN. JULY 4 1911 MARKLANT										
TOR	BANTING CENTER & HERELY CENTER & HISTORY DANTING PROSIDENCE OF DECEDENT											
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALLY	1 X YES 2 NO										
FUNERAL		10g, CITIZEN OF WHAT COUNTRY? 17212 10g, CITIZEN OF WHAT COUNTRY?										
B≺		DENT OF HISPANIC ORIGIN? (Specify Yes or No— y Cuben, Mexican, Puerto Rican, etc.) (NO Specify: Black, While, etc.) Specify: Black										
APLETED	Blementary/Secondary (0-12) College (1-4 or 5 +) (the Do NOT use refered.)											
ed at once. BE COMPL	Hardy Griffin	B. MOTHER'S NAME (First, Middle, Melden Surneme)										
must be notified at once. TO BE COM	Mary B. Griffin 1900. Mailing Address (Street and P	Number or Rurel Floure Number, City or Town, Stete, Zip Code) H Baltu, Ct Md 21207										
must b	20s. METHOD OF DISPOSITION 1	Stor Cen Catonsville, Mil										
medical examiner	21. SIGNATUBE OF FUNERAL SERVICE LICENSEE 22. NAME AND A	ADDRESS OF FACILITY L. H. Wet 300 Washash Aug										
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SECTION IA OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
E E	d											
s those any inju	PART II. Other algoriticent conditions contributing to death but not resulting in the underlying contributing to death but not resulting in the underlying contributions.	ause given in Part i. 24a. WAS AN AUTOPSY PRIFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING NOT COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
item 23 SICIAN	EXAMINER? HOSPITAL: OTHER:	E OF OEATH (Check only one)										
5 5	1 YES 2 NO 1 Method 2 ER/Outpetlent 3 DOA 4 Nursing Home 9 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 29b. TIME OF INJURY WORK?	7										
28 is marked, TED BY PH	2 Accident Investigation 3 Suicide 6 Could not be determined determined	2et. LOCATION (Street and Number or Rural Route Number, City or Yown, State)										
Item PLE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of sixemination and/or investigation, in my opinion, death											
BE	290. SIGNATURE AND TITLE OF CERTIFIER CENTULITY O. In my	9c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) GIPG. Print) ESTRELITA O. Ku, M. : VEVIN YAVE HE	BREW GERIATRIC CENTER : HOSATA										
	31. DATE FILEO (MONTH, Day, 1681) 32. REGISTRAR'S SIGNATURE NOV 1 9 1990 Acha Javidson-Randage	2,3,5										



	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	0 01012
	1. DECEDENT'S NAME (First, Middle, Last)	Angel NMI G	bbs	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		FUNDER 1 YEAR IF UNDER 24 HRS. OHTHS DAYS HOURS MIN. 53		BIRTHPLACE (State or Foreign Country) Marylan J
OR	Bo. FACILITY NAME (If got institution, give st. Univ. Marylo	reet and fumber;	B. CITY, TOWN OR LOCATION OF DE	EATH BC. COUNTY	Share City
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE MD	Others Cts 10c. CITY.	TOWN OR LOCATION	of cy	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL D	100. STREET AND NUMBER	Joh St. Apt 1	101. ZIP CODE 2/2	10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Maxica 1 _ YES 2 NO Specify	n, Puarto Rican, etc.)	. RACE — American Indian, Black, White, atc. Specify: R
	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give kind of wor	k done during most of working	18b. KIND OF BUSINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	A MOTHERIE MA		2
BE CO	Don	iald Michael G	71665 Ell	ME (First, Middle, Malden Surname)	th Thompson
TO 1	19a, INFORMANT'S NAME (Type/Print)	ETTEN		Route Number, City or Town, State, Zip Co reet, Baltimor	
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Figure 2 Donation 5 Other (2000)	20b) PLACE OF DISPOSITION Store Place)	ION (Name of cemetery, crematory or	20c. LOCATION — City	y or Town, State
	21, SIGNATURE OF FUNENAL SERVICE LIC	Ronald Wade	22. NAME AND ADDRESS OF FA	STATE ANATO	MY BOARD
	23. PART I. Enter the diseases, or cahock, or heart feliure.	complications that caused the deeth. Do not List only one ceuse on each line.	2019		
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. OLY MY CONSEQUENCE OF):			Onset and Death
NO	Sequentially list conditions,	b. OUE TO (OR AS A CONSCOUENCE OF):	7		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	/		
ERTIF	that initiated events resulting in death) LAST	d			
A	PART ii. Other aignificent condition	a contributing to deeth but not resulting in	the underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC				VES 2 □ NO	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	neck only one)	
SIC	EXAMINER?		OTHER:		
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME (INJURY		28d. DESCRIBE HOW INJURY OCCUR	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY At home, farm, stre building, etc. (Specify)	set, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLET	one)	ICIAN: To the best of my knowledge, death occurred ER: On the bests of exemination and/or investigation,			
BE	286 SIGNATURE AND TITLE OF CERTIFIES	m MD	29c. LICENSE NU		HIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P			
	31. DATE FILED MOOIN, Phy. 1901990	32. REGISTRANTS SIGNATURE RENDER			



1 -1, DI

25. WAS CASE REFERRED TO MEDICAL

MATURE AND TITLE OF CENTR

EXAMINER?

DIRECTOR

BY FUNERAL

COMPLETED

BE

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerhours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED BY

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2

1. DECEDENT'S NAME (First, Middle, Last					TE OF		2. 0	REG. NO.	NY .	YEAR	3. TIME OF OEATH
ERNEST 4. SOCIAL SECURITY NUMBER	TOUS I s. SEX			_	YLE		-				11:29PM M
N/A	1 M 2 D F	1 9	yrs. lest birthday) YRS.	MONTH	B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. 0	7. DATE OF BIRTH (Month, Day, Your) 5 16 71			IPLACE (State or Foreign 17) 11 a ica
9a. FACILITY NAME (II not institution, give University Hos						more Cit			9c. COU	INTY OF D	EATH
RESIDENCE OF DECEDENT							4				
10a. STATE 10b. COUN	TY				n on Locat IShir						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER						ZIP COOE			10g. CIT	IZEN OF V	WHAT COUNTRY?
144-30 Roosev	elt Ave					11354			B.W.I		
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	U.S. ARMED 2 NO TESX	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Bi 1 ☑ YES 2 ☐ NO Specify: Sp						Spec	RACE — American Indian, Black, White, etc. Specify: amaican		
15. DECEDENT'S EL (Specify only highest gra	DUCATION		16a. OECEDENT'S	USUAL	OCCUPATION	ON .		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.) Student								
17. FATHER'S NAME (First, Middle, Last)								irst, Middle, Malden	Sumamal		
Robert Ga	y1e					Sara		Wats			
19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDR	ESS (Street a			Number, City or Town		(p Code)	
Colleen Tenna	nt										N.Y. 11354
20e. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Re		-	PLACE OF OISPO	SITION	(Name of cer	metery, cremetory or	20c. LOCATION — City or Town, State				own, State
4 Donation 5 Other (Specify)		_ F	amily_						ren	don	, Jamaica
21. SIGNATURE OF FUNERAL SERVICE	8		Marc	h F/H E. No	Ea	st					
23. PART I. Enter the diseases, o shock, or heart failure	r complications the List only one ca	nt caused use on ea	the death. Do i ch line.	not en	ter the mo	de of dying, su	ch aa	cardiac or respi	ratory a	rrest,	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			nd of ch		t						Onset and Death
	DUE TO	OR AS A	CONSEQUENCE O	F):							
Sequentially list conditions, if any, leading to immediate	bDUE TO	OR AS A	CONSEQUENCE O	F):							
CAUSE (Disease or Injury	c	DUE TO (OR AS A CONSEQUENCE OF):									

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? XX YES 2 NO XX YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

11-14-90

HOSPITAL:
1 | Inpatient 2XXER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 11-13-90 28c. INJURY AT WORK?

11:00PN 1 Pes 2 Pho 284. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Subject shot 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Clifton & Woodbrook Aves., Bal 3 Suicide X4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my know

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A KORFILL.MD 111 Penn Street, Baltimore, MD 21201 30. NAME AND ADDRESS OF PERSON WHO COMPLETED C

31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 1 3 1990 Sandra

26. PLACE OF DEATH (Check only one)

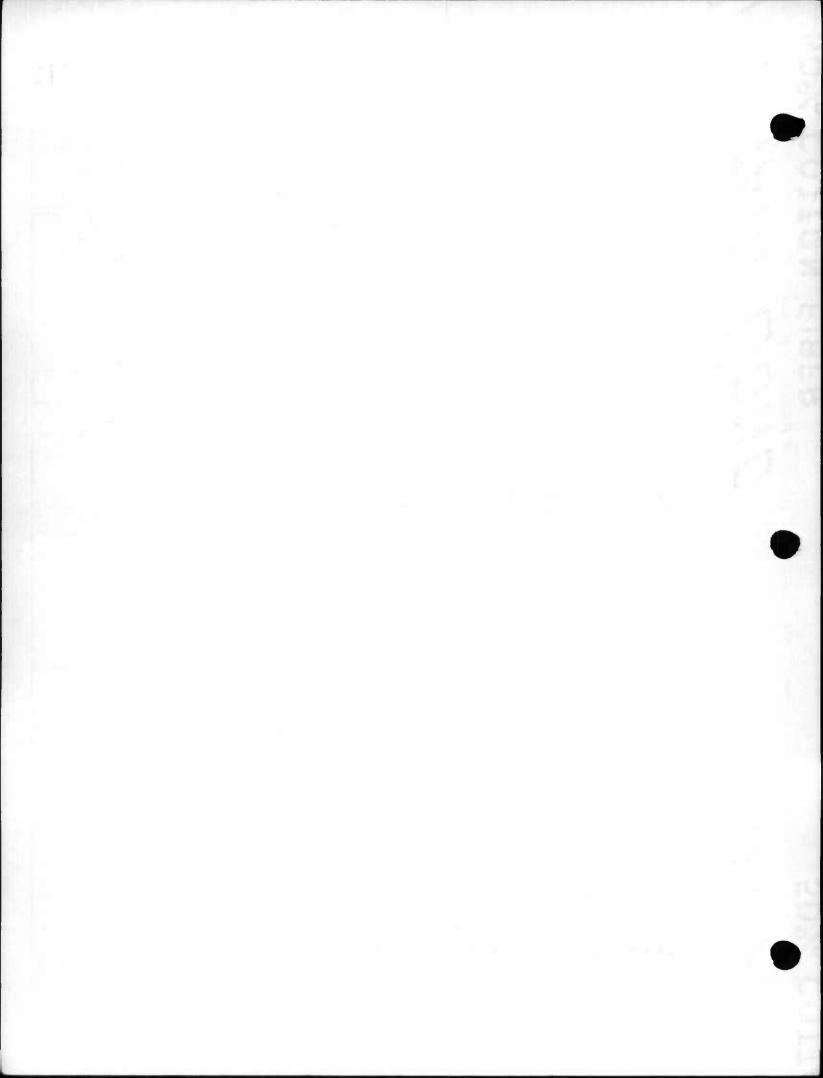
29c. LICENSE NUMBER

OCME

ne 5 🗆 Residence 6 🗆 Other (Specify)

NOV 1 9 1990 Julia Trevidor Pontale

VC



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

The titled within computer of the learner of the letained	chases completely filled in by the funeral director, page 5 should be detached to minial, cremation, or removal.	men traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the other properties within the control and the control of the those	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the arthuring the field within 72 hours after death with the State Deut of Health and Menument	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or breath

	nedistrian				OAIL	<u> </u>	יאכו			HEG. NO.			
2	1. DECEOENT'S NAME (First, Middle, Last)	_							2. DATE OF	DEATH	v	YEAR	3. TIME OF DEATH
ì	John	F.	HENDE	HENDERSON J				11 16 1990				8 · 20 A M	
	4. SOCIAL SECURITY NUMBER					FUNDER 1 YEAR IF UNDER 2		24 HRS.	7. DATE OF	E OF BIRTH 8.		8. BIRTHE	PLACE (State or Foreign
	194 03 9500	ØCXM 2 □ F	73	YRS.		DAYS	HOURS	MIN.	Aug.	Typitear) 7	917	Sountry	nsylvania
			17	ina.	1					~2, 2			
	9a. FACILITY NAME (If not institution, give st	reet end number)	44-7		9b. CITY, T						9c. COU	NTY OF DE	EATH
8	Franklin Squ	are nosp	Ital			n	OSSV	ille	•		De	lti	
Ĕ I	RESIDENCE OF DECEDENT										B.	TTT	more
Ĭ I	10e. STATE 10b. COUNTY				, TOWN OR		ION						10d. INSIDE CITY LIMITS?
5 1	Md. Bal	timore		1 3	Essex							- 1	1 YES 2 NO
<u> </u>	10e. STREET AND NUMBER					101.	ZIP CODI	E			10n, CIT	IZEN OF W	HAT COUNTRY?
₹	749 Sue Grove R	oad					1221					USA	
FUNERAL DIRECTOR													
5 1	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					IIC ORIGIN? (n, Puerto Ric		or No-	14. RACE Black,	American Indian, White, atc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y						Specify		,,		Specif	White
	3CF Widowed 4 Divorced												white
	15. DECEDENT'S EDUC (Specify only highest grade		16e. DE	CEDENT'S	USUAL OCC	UPATIO	N of of unotife		16b. K	NO OF BUS	SINESS/IN	OUSTRY	
	Elementery/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT us	e retired.)		SE OF WORK!	79					
4	12		"	En	ginee	r				Cor	stru	ction	n
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						40 1407	HED'C NA	ME (First, Mid	ello Adoleloo	Cumpaga		
	John F. Hender	son Sr.					10. MO11	Gla		Arno]			
BE										and the state			
2	19e. INFORMANT'S NAME (Type/Print)	191						Poute Number					
F	Gary Henderson	Son	- 36	1215	Shor	е к	oad	Balt	imore	, Mar	ylar	d 212	220
- 1	20e. METHOD OF DISPOSITION 1 Burlel 2 December 3 Remo		20b. PLACE	OF DISPOS	ITION (Name	e of cen	netery, cren	netory or		20c. LO	CATION —	City or Tox	wn, State
- 1	1 Donation 5 Other (Specify)	oval from State	Gree	n Mo	unt C	eme	terv	-		Bal	time	re. l	Vd.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Luces	- 1	other place) Mount Cemetery					CHITY		-		
		3			Br	uzd	zins	ki F	unera	1 Hon	ne PA		
	1407 Eastern Ave. Baltimore, Maryl.											mrl and 21221	
	23 PART I. Enter the diseases, or o	opplications the	nt caused the de	ath. Do n	ot enter ti	ha mo	da of dy	ing. auc	h aa cerdia	c or resp	ratory ar	rest.	Approximate
- 1	ahock, or heart feliure. List only one cause on each line.												
- 1	A IMMEDIATE CAOSE (FIRM)										Unset and Death		
	resulting in deeth) a. Ruptured abdominal aortic aneurysm but to (or as a consequence of):												
		DUE TO	(OR AS A CONSE	OUENCE OF	F):				5				
z		hyner	tensio	n									
은	Sequentially list conditions, if any, leading to immediate	DUE TO	tensio	OUENCE OF	F):								
X	cause. Enter UNDERLYING	•											
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	DUENCE OF	F):								
E	resulting in deeth) LAST												
CERTIFICATION		o											
	PART II. Other algnificent condition	a contributing to	deeth but not	reaulting	In the und	larlying	g cause	given in	Part I. 2	4s. WAS AN		24b.	WERE AUTOPSY FINOINGS
2										PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL									— II	YES 2	Ж ио		OF DEATH?
×									_				1 TYES 2 NO
ä													
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	DEATH (Ch	eck only one)				
S	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER:		e 5 🗆 R	esidence	6 Other	Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE O		28b. TIM		26c. INJ			28d. DESC	RIBE HOW	NJURY O	CCURED	
	1 Natural 5 Pending	(Month,	Day, Year)	INJ	JURY		PRK?	NO.					1
B	2 Accident Investigation	200 DI ACE	OF INJURY — At he	ama farm	eterat footo				204 1 0 0 4 7	1001 (00-1	and Month	as as Osumi C	Route Number,
	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)	onios, rariti,	street, lector	ry, orne				Town, State		or or norm	todie Nember,
COMPLETED													
2	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best o	f my knowledge, de	eath occum	ed at the tin	ne, date	end place	e, end due	to the cous	e(s) end me	nner ee st	ated.	
Ξ	one) —	R: On the basis of	exemination end/or	Investigation	on, in my op	dnion, d	leath occu	red at the	time, date a	nd place, a	nd due to	the couse(e) and manner ee stated.
8	/	0			1125-11				- 1000			Car William	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	hungar	1)			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
8 0	Dellu 6	mulau	WW/SC				L						
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	SE OF DEATH (ITE	M 27) (Type	, Print)								
	Kellie Sma	Idoma	MD O	000	Tiles -	1. 7			ъ-				01008
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		Fran	12.1.	n S	d	Dr.	Ralt	0, 1	10	21237
	NOV 1 9 1990	All Nous	down April	All.									
	1101 - 1330	A	-										

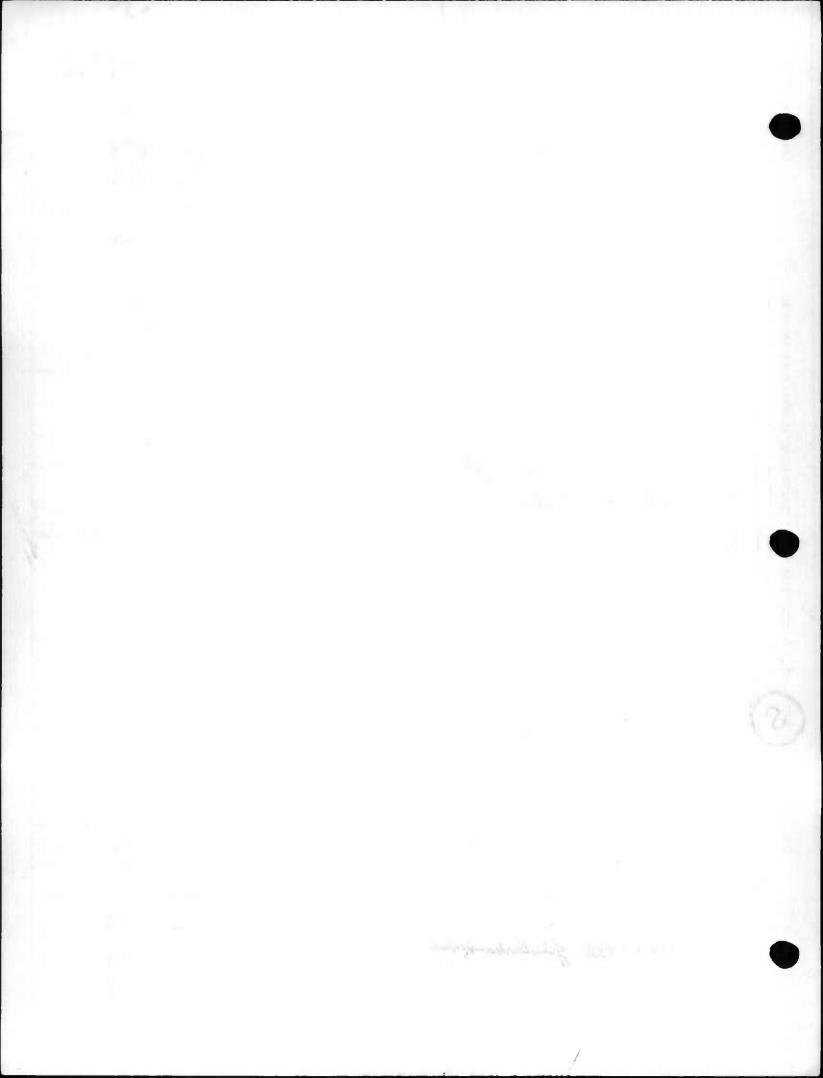
F. . . 46 1 · and the second of the second

	after de	y the fu
	SH HOURS	filled in b
	O THE HOSPITAL OR ATTENDING PHYSICIAN THE OF THE PHYSICIAN CONTINUES OF EXPOUNDING WITHIN 24 FROURS OFFICE DES	DITHE FUNERAL DIRECTOR After this certificate to person of by the attending physician and completely filled in by the fu
	hat the death or	of by the atlands
S	lar regime	Section 2
	PHYSICIAN: NO	this certificate
5	OR ATTENDING	DIRECTOR: After
2	MITAL	RAL
	E HOS	E FUN

31. DATE FILED (Month, Day, War)
NOV 1 9 1990

32. REGISTRAR'S SIGNATURE

_	1 - STATE REGISTRAR			RTIFIC		OF HE		_	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leat)	Lorenzo	н. н	ill				2. DATE MONT	of DEATH	1990	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 228-03-9638	1 📈 M 2 🗆 F	76	YRS.	F UNDER	DAYS H	F UNDER 24 HRS.	10	DF BIRTH In, Day, West 19	14	BIRTNPLA Country)	CE (State or Foreign
OR	90. FACILITY NAME (II not institution, give 727 Druid Park			9		TOWN DR	TOPE	DEATH		9c. COUNTY	OF DEATI	1
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	-	10c. CITY,		R LOCATION	N			3 -1		I. INSIDE CITY LIMITS?
FUNERAL	106 STREET AND NUMBER 727 Druid Park L	ake Drive				101. Z	IP CODE			10g. CITIZEI		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR DE	ES 2)(_)1	MED 10	1	yes, speci	DENT OF HISP ty Cuben, Mexi XND Spe	can, Puerto	N? (Specify Yes Rican, etc.)	or No- 14	Black, Wi	American Indian, nite, etc. Black
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(G	CEDENT'S US We kind of wor Do NOT use i	k done c	CUPATION luring most	of working	16	b. KIND OF BU	SINESS/INDUS	TRY	
E COMPLET	17. FATHER'S NAME (First, Middle, Lest) John C. Hill						e. MOTHER'S I	-	Middle, Maiden	Surneme)		
TO B	19a. INFORMANT'S NAME (Type/Print) Roberta Purvis		19				Number or Aun Street	Il Route Nun	nber, City or Tow	n, Stata, Zip Co	ode)	
	20s. METHOD OF DISPOSITION 1 Dention 5 Office (Specify)	novel from State	20b. PLACE other pi	of Disposit	ion (Ne	cemel	etery			cation - cit nsdowr		State
	March F/H West 4300 Wabash Avenue 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Betwoen the disease or condition. Approximate interval Betwoen the disease or condition.											
CERTIFICATION	disease or condition resulting in death) a. DUE TO (DR AS A CONSEQUENCE DF): DUE TO (DR AS A CONSEQUENCE OF):											
ERTI	that initiated events resulting in death) LAST	d	o A GONGE			_						
MEDICAL	PART II. Other significant condition	na contributing to death		resulting in	the un	derlying (ceuse given	in Part I.	24a. WAS AN PERFOI 1 TYES	RMED?	CO	RE AUTOPSY FIND NLABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	t:	CE OF DEATH (
	1 YES 2 NO 27. MANNER OF DEATH CM Natural 5 Pending Investigation	1 Inpatient 2 ER/Outpa OF DEATH 28a. DATE OF INJURY (Month, Day, Year)					Residence RY AT CT S 2 NO	-	er (Specify) ESCRIBE HOW	INJURY OCCU	RED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJI building, etc. (5	URY — At he Specify)	ome, farm, str	oet, fact	ory, office			CATION (Street y or Town, State		Rural Rout	Number,
COMPLET	anal anny	BICIAN: To the best of my ki										d manner as stat
ŏ I	29b. SIGNATURE AND TITLE OF CERTIFIE						PG. LICENSE N			29d. DATE 5		

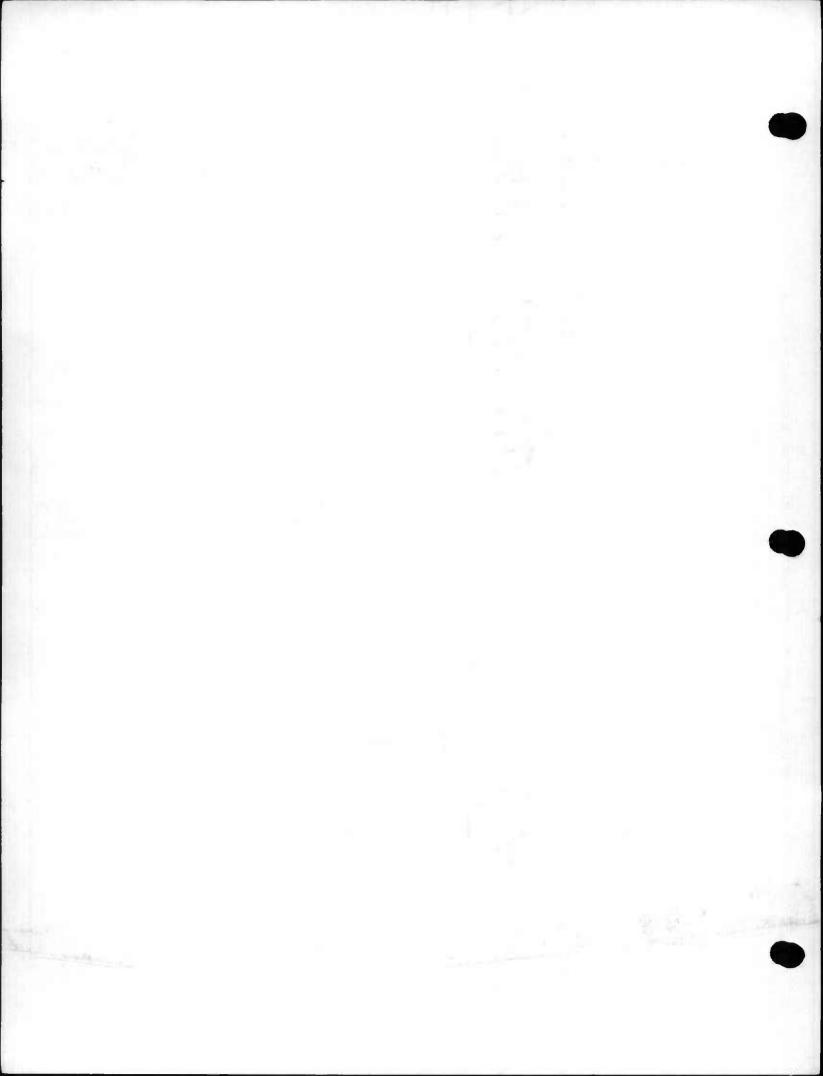


TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow requires that he remains the state of

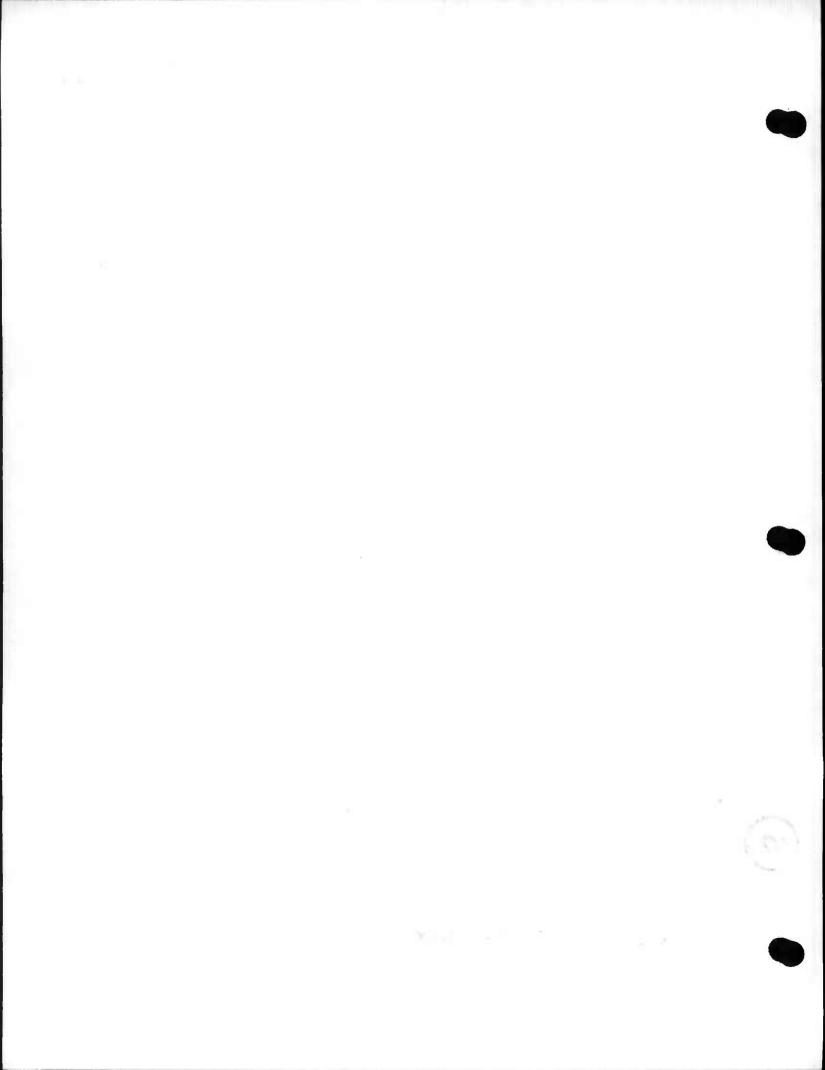
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AND ATE OF DEATH	MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las CHARLE	1100-	S		2. DATE	OF DEATH DAY	YEAR 901	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 229-34-4.793		YRS. MON		(Mont)	of BIRTH h, Day, Year)	Country)	S A
SINAL HOSPITA RESIDENCE OF DECEDENT			BALTI			BALT!	MORE, MI
MD 10a. STATE 10b. COUN	ΙΤΥ		wn DR LOCATION .timore City	4			I. INSIDE CITY LIMITS? YES 2 NO
NFA			101. ZIP CODE		10g.	USA	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISP, If yes, specify Cuben, Mexic 1 YES 2 ND Spec	can, Puerto			American Indian, hite, etc.
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	de completed)	Iffe. Do NOT use reti	done during most of working	168	, KIND OF BUSINES	S/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	IAME (First,	Middle, Maiden Surna	me)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADE	PRESS (Street end Number or Rura	I Route Num	ber, City or Town, Stat	te, Zip Code)	
20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Re Donation 6 Other (Specify) M. SIGNATURE OF FUNERAL SERVICE	in State Remo	r place)	N (Name of cemetery, crematory of 22. NAME AND ADDRESS OF I	FACILITY	20c. LOCATIO	N — City or Town,	
Sequentielly ilst conditions, if any, leading to immediata cause. Enter UNDERLYING	a. CAR DIAC DUE TO (DR AS A CON- b. DISEASED E DUE TO (OR AS A CON-			TING	SYSTE	EM CF	
CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A CON:	SEQUENCE OF):					
PART II. Other algnificant conditi	ons contributing to death but no	ot resulting in th	na underlying cause given i	in Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2 N	ID OF	ERE AUTOPSY FINDING AILABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only o	ne)		
EXAMINER? 1 YES 2 ND	HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatient	3 DOA 4 E	HER: Nursing Home 5 - Residence				
27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigatio	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME DF INJURY	28c. INJURY AT WORK? M 1 YES 2 ND	28d. DE	SCRIBE HOW INJUR	Y OCCURED	
3 Suicide 6 Could not 8 determined		t home, farm, stree	t, factory, office		CATION (Street and No or Town, State)	umber or Rural Rout	e Number,
and any	YSICIAN: To the best of my knowledge,						nd manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	(MENCHE O	HOUSE	3)	UMBER	296	DATE SIGNED (M	onth, Day, Year)
AVTAR S.			HOSPITAL	OF	BALTI	MORE	
SI. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI	ENTAL HYGIEN
CERTIFICATE OF DEATH	REG. NO

	1 - STATE OF N				HEALTH AND I	MENT	AL HYGIENI REG. NO.	E	0 1	
i	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATN		3. 1	TIME OF DEATN
	Emma W. Hommerbocker					MON	TH 0A	90		3:40P 11
	4. SOCIAL SECURITY NUMBER 6. SEX	6. AGE (In yrs. las		IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DAT	E OF BIRTH			CE (State or Foreign
H	216-03-1422 ¹□м²\x̄F	82	YRS.	MONTHS DAY	HOURS MIN.		rith, Day, Year) 2-8-08		Mary	land
	Se, FACILITY NAME (If not institution, give street and number)			9b. CITY, TOW	N OR LOCATION OF DE			9c. COUNTY		
E .	Francis Scott Key Medical	Center		В	altimore					
5	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY			TOWH OR LO					10d	. INSIDE CITY LIMITS?
ō	Maryland Baltimore		D	undalk						YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN		COUNTRY?
ÿ I	7232 German Hill Road				21222			U.S		
5	11, MARITAL STATUS 1 Never Married 2 Married FORCES? 1	YES 2 TY	MED NO		ECENDENT OF NISPAI specify Cuban, Mexica			or No- 14.	Black, Wr	American Indien, ilte, etc.
B	3 ★ Widowed 4 Divorced IF YES, GIVE V	AR OR DATES		1 🗆 1	ES 2 XNO Specifi	y:			Specify:	hite
	15. DECEDENT'S EDUCATION	16e, DE	CEDENT'S I	JSUAL OCCUP	TION		86. KIND OF BUS	INESS/INDUST		itte
61	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(G		ork done during	most of working					
립	Entire treatment (a-12)	"	Cler	ica1			Reta	ail		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (Firs				
BE C	Henry J. Hauhn				Ida Ma	v 0:	bourne			
	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	AOORESS (Stre	et and Number or Rural			n, State, Zip Coo	de)	
2	Lucetta Baker		201 P	oplar	Ave. Gle	n Bı	rnie, l	MD 210	61	
	20e. METNOD OF DISPOSITION 1		OF DISPOS		cemetery, cremetory or	N YE ILP		CATION — City		State
	4 Donation 8 C Other (Specify)			emeter	У		Ba	ltimor	e, M	D
- 1	21. SIGNATURE OF FUNERAL RESWICE LICENSES	//			AND ADDRESS OF FA		т. т			
	· 1/2 /44/				ard Funer Wilkens				MD '	21220
T	23. PART i. Enter the diseases, or complications the	t caused the de	esth. Do n							Approximate
[shock, or heart failure. List only one can IMMEDIATE CAUSE (Final	ise on each line	b.							Interval Between Onset and Death
1	disease or condition	ahp.	TVIL	UNA	y emb	5/	-		Ì	
- 1	resulting in death) a	(OR AS A CONSE	QUENCE OF):	9 000	442	3			
z										
윤	If any, leading to immediate	(OR AS A CONSE	OUENCE OF):						
3	CAUSE (Disease or Injury									
# 1	that initiated events resulting in death) LAST	(OR AS A CONSE	OUENCE OF):						
CERTIFICATION	d									
_	PART II. Other significant conditions contributing to	death but not	resulting I	n the underl	ing csusa givan in	Part i.				RE AUTOPSY FINDINGS
MEDICA							PERFOR		CO	MPLETION OF CAUSE
밀	5									DEATH?
BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C	heck only	one)			
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3	DOA	OTHER:	iome 5 🗆 Residence	6 🗆 0	ther (Specify)			
ž	28. DATE Of Month.	FINJURY Day, Year)	28b. TIMI		INJURY AT WORK?	28d.	DESCRIBE HOW I	NJURY OCCUR	ED	
≥	Natural 5 Pending Investigation		1015.		YES 2 NO					
10	3 Suicide & Could not be 28e. PLACE building	OF INJURY — At he etc. (Specify)	ome, farm, s	treet, factory, o	ffice	28f. L	OCATION (Street a	end Number or	Aural Aoute	Number,
E	4 Momicide determined									
COMPLETED	CENTIFYING PHYSICIAN: To the best of	f my knowledge, d	eath occurre	d at the time,	date end place, and du	e to the	cause(e) and me	nner ee stated,		
S S	MEDICAL EXAMINER: On the basis of	examination and/or	Investigatio	n, in my opinic	n, death occured at the	time, d	ate end place, ar	d due to the c	ause(a) an	d manner ee stated.
	299, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE S	IGNED (MO	ongh, Day, Year)
BE	Mules O KA				10334	OT	-	11/	16/	90
0	70. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL TON OVERTIMENT	ISE OF DEATH (ITE	M 27) (5,000)	ester.	Alle 7	30	(to, MIL	21	220	1
					1700 2	/ 1	, -),			,
	NOV 1 9 1990 Juli Deur	AB'S SIGNATURE	A STATE OF							



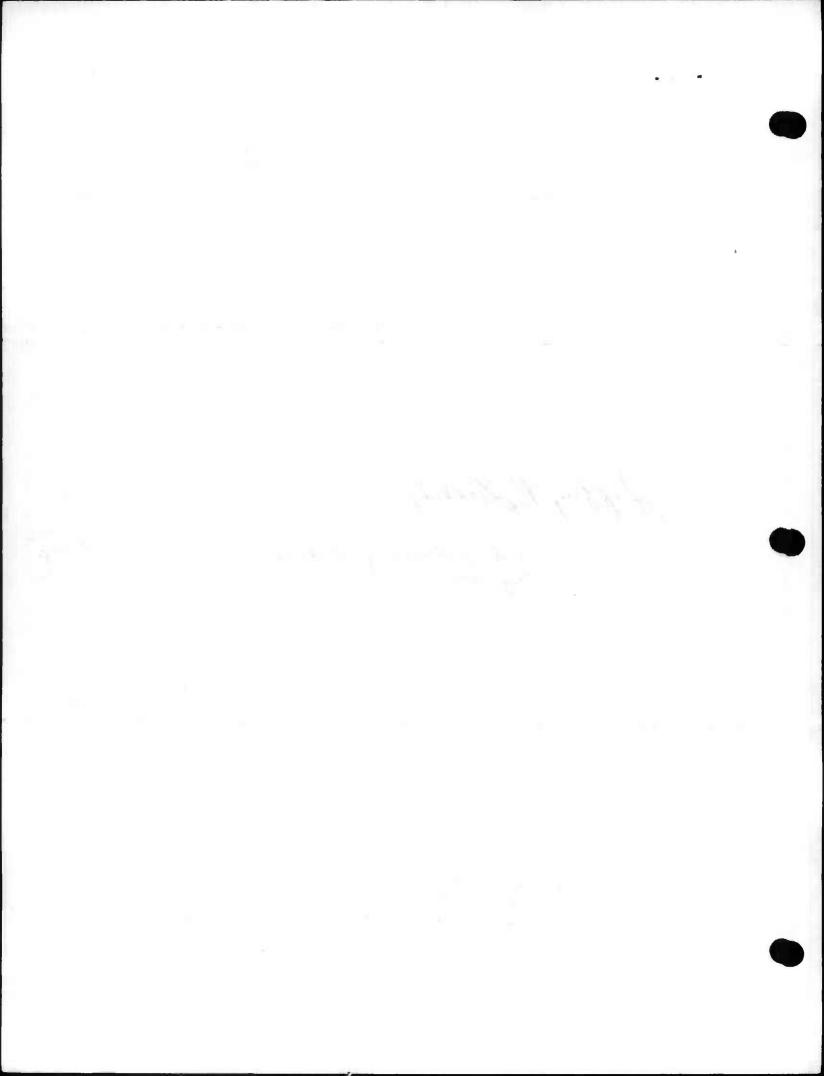
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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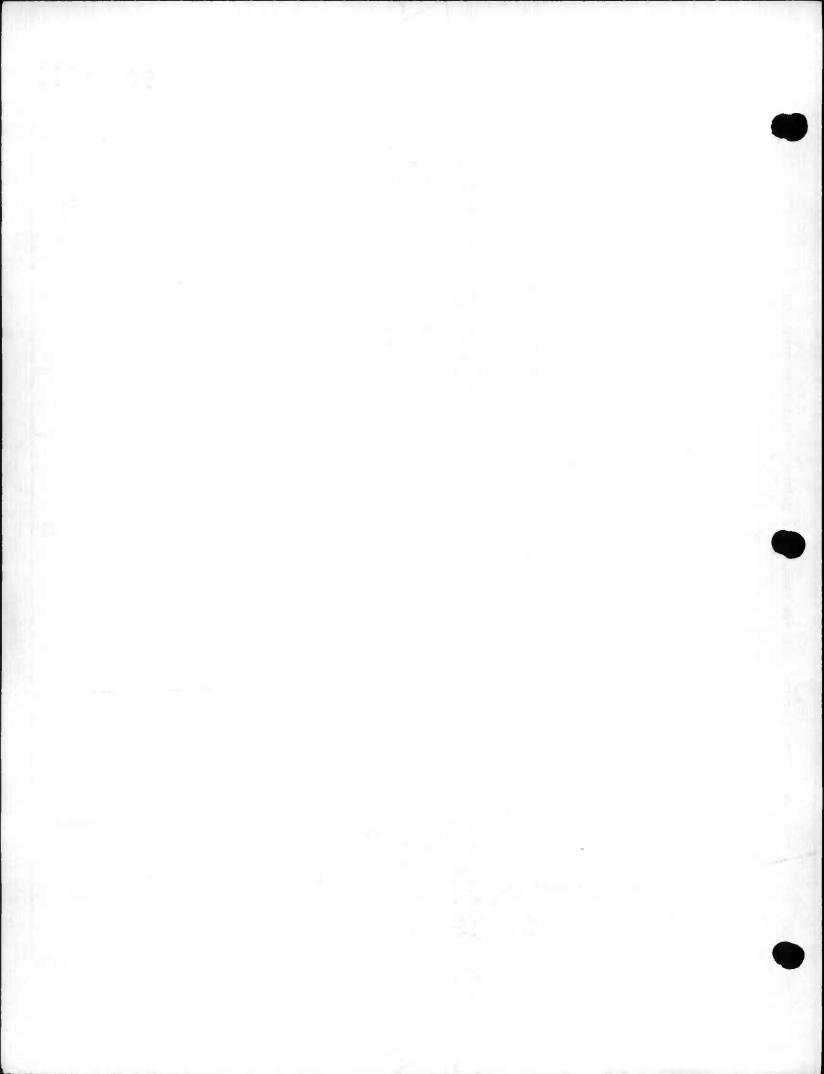
									1112				
,	1. DECEOENT'S NAME (First, Middle, Lest) NELLIE V	HERRI	NG						2. DATE OF D	EATH PA) 10	9967	3. TIME OF DEATH 7:13 P
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthdev)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	BTH		8. BIRTI	HPLACE (State or Foreign
	213-38-6963	1 □ M 2 🂢 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCH 20, 1927			VI	RGINIA
<u> </u>	90. FACILITY NAME (If not institution, give of THE JOHNS HOPKII)		AL		95. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY BALTIMORE CI								
2	RESIDENCE OF DECEDENT												
DIMECTOR	MARYLAND 106. COUNT	v Harford		10c. CITY,			EFOR	D					10d. INSIDE CITY LIMITS? 1 YES 2 A NO
4	10e. STREET AND NUMBER					10	01. ZIP COD	7.			-		WHAT COUNTRY?
PUNEHAL	4412 Prospect Road							160				ITE	
2	11. MARITAL STATUS 1 □ Never Married 2 ☐ Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☐ NO					If yes, s	pecify Cube	n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican,	ecify Yee etc.)	or No-	14. RACI Blac	E — American Indien, k, White, atc.
2 67	3 Wildowed 4 Divorced	IF YES, GIVE V					S 2 🐧 NO	Specify				WF	ÎTE
ב	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S L	ork done (19	16b. KIND	OF BUS	INESS/IN	DUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 6	+)	Номі		KER			01	WN H	НОМЕ		
5	17. FATHER'S NAME (First, Middle, Last)	-					_		ME (First, Middle				
מ	ERVIN R	. TAYLO								ONE			
2	196. INFORMANT'S NAME (Type/Print) RALPH H	. HERRII		b. MAILING					Route Number, Ci				21160
	20g METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI	ITION (Na		ECT emetery, cren		WHI		ORD		2.1160 own, State
	1 [X Burlat 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)		M T.	Rose	CE	ME	TERY				RK,	PA	
1	21. SIGNATURE OF EMPERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	HARKINS FUNERAL HOME, INC. DELTA, PA 23. PART Lenter the diseases, of complications that caused the death. Dp npt enter the mode of dying, such as cerdiac pr respiratory errest, Approximate												
	23. PART Enter the diseases, of shock, or heart fellure.	complications the List only one car	it caused the de use on each line	efff. Dp ni	Dt enter	the m	ode of dy	ing, euc	h es cerdiac i	or reepi	ratory er	rest,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition	6-	1				1.0						onset end Death
	resulting in deeth)	o. CANAL DUE TO	OR AS A CONSE	OUENCE OF	neg :	- 1	are	une					21
5	Sequentially list conditions,	o. Card DUE TO b. Stage	IVB o	varia	2-2	ca	ran	oma)				2 months
HILICALION	If any, leading to immediate cause. Enter UNDERLYING	DBE TO	(Un AS A CUNSE	OUENCE OF	1.								
=	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF)։								
CERI	resulting in death) LAST	d											+
	PART ii. Other significent condition	na contributing to	death but not	resulting i	n the ur	nderiyi	ng cause	given in	Part I. 24a.	WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									10	YES 2	. /		COMPLETION OF CAUSE OF DEATH?
S 1									_				1 TYES 2 NO
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL					26. (PLACE OF E	DEATH (Ch	eck only one)				
2	EXAMINER?	HOSPITAL:	☐ ER/Outpetient :	DOA	OTHEI	R:			6 Other (Sp.	eclfy)			
E	27. MANNER OF DEATH	28e. DATE Of (Month, I	F INJURY Day, Ybar)	28b. TIME		W	NJURY AT VORK?		28d. DESCRIE	E HOW I	NJURY O	CCURED	
	1 Natural 5 Pending 2 Accident Investigation	28a Pt ACE	OF INJURY — AI he	ome form -	M street for		YES 2 [_ NO	281 LOCATIO	N (Street	and Numb	er or Russi	Route Number,
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)	zw, 181111, S	nreet, IdC	y, off	10.0		City or To	wn, State)	erra 14annOt	or church	rouse Hanney
	and only	SICIAN: To the best o											
000			examination and/or	Investigation	n, in my o	opinion,	100000		7	place, er			(e) and menner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIE Turnothy Ho	ikman	, M.D),			29c. LIC	ENSE NU	MBER		29d. DA	I SIGNE	0/90
=	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	Prkwy Ar's signature DV 1 J 1	M 27) (Type,	Print)	2	Ba	Ho	MD	21	210)	
	31. DATE FILED (Month, Dey, Hear)	32. REGISTR	AR'S SIGNATURE	200	0			1		,			
	11/10/90	IN	na Ta la	490	Ju	lia D	avidson	-Ran	della				



TO THE MOSTLINE OF ALLENDING PRINCIPLY, THE 18th Included the Columbia of Concession within 27 hours and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the finement page 5 about the detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	H P	be file	MPC

12

FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH		GIENE " 3. NO.			
1. DECEDENT'S NAME (First, Middle, La GARNE + + 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	+GSh	PER 1 YEAR OF UNDER 24 HRS. B DAYS HOURS MIN.	2. DATE OF DE/ MONTH 7. DATE OF BIRT (Month, Day,)	13 9	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH COUNTRY		
RESIDENCE OF DECEDENT	eneral Hos	79 YRS.	TY, TOWN OR LOCATION OF E	NOV 27	9c. COUNTY	Virginia		
10e. STATE 10b. COU	Harford	10c. CITY, TOWN	Hyde	es		10d. INSIDE CITY LIMITS? 1 YES 2 X NO N OF WHAT COUNTRY?		
31 11. MARITAL STATUS	18 Harford Rd. 12. WAS DECEDENT EVER IN FORCES? 1 VES	U.S. ARMED 13		21082 NIC ORIGIN? (Spec	U.	S.A. RACE — American Indian, Black, White, etc.		
1 Never Married 2XXMerried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES '	1 TYES 2/CXNO Spec	Hy:		Specify: White		
15. DECEDENT'S 6 (Specify only highest gr Elementary/Secondary (0-12) 12 VIS •	College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work done the. Do NOT use retired. Machinis	ne during most of working (.)		OPPEIS CO			
17. FATHER'S NAME (First, Middle, Last)	Robert L. Hash	h	16. MOTHER'S N Beula	AME (First, Middle, I	Maiden Sumame) Clyde Ph	ipps		
19a. INFORMANT'S NAME (Type/Print) Mrs. Edith D.								
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 R	emoval from State 20b.	the place of disposition (Name of cometery, cremetory or piscopal Ch.	Cem.	Kingsvvi	SECTION CONTRACTOR		
4 Donation 5 Other (Specify)	LICENSEE A	0.0	S NAME AND ADDRESS OF F					
4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF FUNERAL SERVICE ©	ssahn	the death. Do not ent	2. NAME AND ADDRESS OF F 11750 Belai er the mode of dying, su	E.F r Rd. Ki	inasville	Md. 21087		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	or complications that caused re. List only one cause on each a. DUE TO (OR AS A Complete Com	the death. Do not ent	11750 Belai er the moda of dying, su	E.F r Rd. Ki	inasville	Md. 21087		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	a. DUE TO (OR AS A O	the death. Do not enterch line. Carchiac (CONSEQUENCE OF):	11750 Belai er the moda of dying, su	E.F r Rd. Ki	inasville	Md. 21087		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR AS A C. DUE TO (OR AS A C. DUE TO (OR AS A C.	the death. Do not enter the line. Consequence of: CONSEQUENCE OF: CONSEQUENCE OF:	11750 Belai er the mode of dying, su www.t	E.F. r. Rd. Kj ch as cardiac or	inasville	Approximata interval Between Onset and De		
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23. PART I. Enter the diseases, ahock, or heart fellu immeDiATE CAUSE (Final disease or condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of	DUE TO (OR AS A C. DUE TO	the death. Do not entered ine. Covaliat (Consequence of): Consequence of): Consequence of): It not resulting in the service of the servic	11750 Belai or the mode of dying, su avviet underlying cause given in	n Part I. 24a. v	Ingsville respiratory arrea	Approximate interval Betwee Onset and De De De De De De De De De De De De De		
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23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A C. DUE TO	the death. Do not enter the chiline. Consequence of: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: It not resulting in the consequence of: It not resulting in the consequence of: At home, farm, street, fared, fared, of the consequence of: At home, farm, street, fared, fared, of the consequence of the conse	underlying cause given in 26. PLACE OF DEATH (C ER: Ivrsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO sectory, office e time, date and place, and du y opinion, death occured at th	T Rd Kinch as cardiac or Rd Kinch as cardiac or Rd Rd Rd Rd Rd Rd Rd Rd Rd Rd Rd Rd Rd	PAS AN AUTOPSY ERFORMED? YES 2 NO (Street and Number or, State) rid manner as stated, ace, and due to the c	24b. WERE AUTOPSY FINDEN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		



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TO THE LOCATIVE OF CHES IN SPINSICIAN. The law requires that the death certifical	2	2	be find within 72 boars after eath with the State Dept. of Health and Mental Hyglene p	
- 19			-11	

IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RIFICA	ILE OF	DEALL	REG. NO).		
,	1. OECPHENT'S NAME (First, Middle, Last)	E. Ingri	an	7			XX YE 90		
	4. SOCIAL SECURITY NUMBER 5. SE 270-48-4804 1 🗆	8. AGE (IA yrs. les M 2 X F	YRS. WON	NDER 1 YEAR	IF UNDER 24 HRS. HOURE AHN.	7. DATE OF BIRTH (Month: Day, Ybas)		BIRTHPLACE (State or Foreign Country)	
TOR	9a. FACULTY NAME (If not institution, give street and Francis Scott X	ey Med Cer	fer 9b.	BG/	R LOCATION OF DE	ATH	9c. COUNTY	OF OEATH	
DIRECTOR	10e, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCAT	ION	_		10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER Glen He	ights Ave	1,)	101	ZIP CODE	15	10g. CITIZEN	OF WNAT COUNTRY?	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:								RACE — American Indien, Black, White, stc. Specify: Black	
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade comple Elementery/Secondery (0-12) Colle	JCATION a completed) College (1-4 or 5+) 16e. DECECENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Ad Nat Bank							
	17. FATHER'S NAME (First, Middle, Last)	h 9 run			18 MOTHER'S NAI	ME (First, Mydle, Melde	n Surname)		
TO BE	190. INFORMANTIS NAME (Type/Print) Kutus Ingras		S/6	RESS (Street of	nd Number or Rural F	Poute Number, City, or, To		21230	
	20e. METHOD OF DISPOSITION 1		OF DISPOSITIO	N (Narge of cer	netery, cremetory or	y 20c 1	OCATION - CHY	or Town, State	
	21. SIGNATURE OF UNERAL SERVICE LICENSEE	age		22. NAME AI	ND ADDRESS OF FAI	H West	Ave	,	
	23. PART I. Enter the diseases, or compil shock, or heert fellure. List of	nly one cause on each line	ii.				piratory srrest,	Approximats Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DOORLY differences of the conservations of the conservation of the	CUHAL DUENCE OF):	'ea	Cung C	auer		10 mont	
NOIT	Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A CONSE							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	DUENCE OF):						
	PART II. Other significant conditions con	tributing to death but not a	eaulting in th	e underlyin	n cause given in	Part I 24s WAS	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
₹ I	Anemia	and the desire set not	outing in a	o diladiryiii	g couse given in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
4: MEDICAL						1 [] YES	2 NO	OF DEATH?	
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
SIC		SPITAL: Inpatient 2 - ER/Outpatient 3		HER: Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	W	URY AT ORK? YES 2 NO	26d. DE\$CRIBE HOV	INJURY OCCUR	EO	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree	l, factory, offic	•	28f. LOCATION (Stree City or Town, Sta		Rural Route Number,	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my knowledge, do the bests of examination end/or						ause(e) and menner as stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER HOLDER W (C	Lubery, de	0		29c. LICENSE NUI		29d. DATE SI	IGNED (Month, Pay, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COM				ctimore	MD21	224		
	NOV 1 9 1990 Julia	32. REGISTRAR'S SIGNATURE							

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	must	
	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be m	
DA TELLINA	medical	
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with the State Dept. of neatth and mental hygiene prior to builds, cremation,	umatic	
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Death	s ma	
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nied within /2 hours after death	RTANT	
TIE	100	
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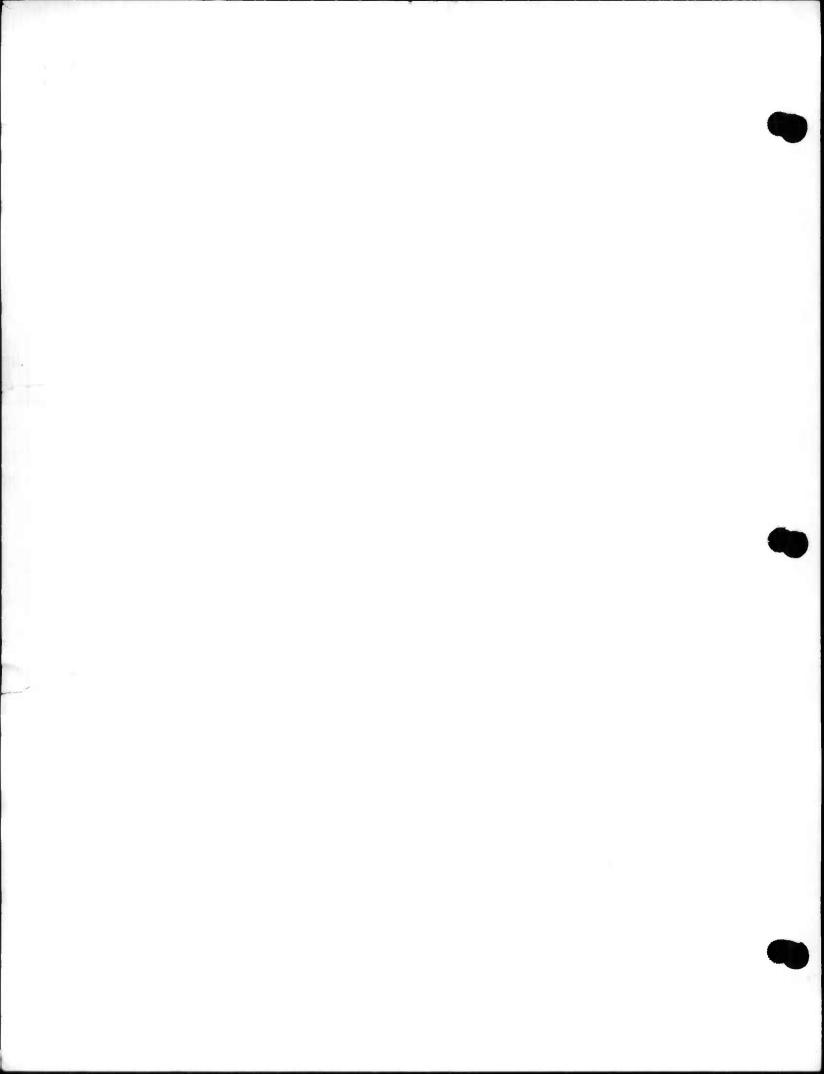
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NOV1 9 1950

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E 9	0 31621
1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEATH		3. TIME OF DEATH
Angel B.B.	Johns	NO			MONTH D/	50	5:10 MM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, give st	reet and number)		96. CITY, TOWN C	PR LOCATION OF DE	EATH	9c. COUNTY	OF OEATH
RESIDENCE OF DECEDENT	Onter		Bu	pwar	<u>e</u>	<u> </u>	1)
10e, STATE 10b, COUNTY	,	10c. CITY,	TOWN OR LOCAT	il himsu	9		10d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER Mot 1901 Richglen	her's Add Dr,BALTO		101	ZIP CODE	2	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	24 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEOENT'S U (Give kind of wo life. Do NOT use	ork done during ma		16b. KIND OF BUS	BINESS/INDUS	тяу
17. FATHER'S NAME (First, Middle, Last) Charles Jonson				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)	n
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street a	and Number or Rural	Route Number, City or Yow	n, Stata, Zip Co	de)
Janet Johnson-	-	1901 B	Richgle	en Dr, A	pt 2A, B	altimo	ore, MD 2120
20s. METHOD OF DISPOSITION 1		b. PLACE OF DISPOSI other place)					or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE RONALD	WADE	22. NAME A	ND ADDRESS OF FA	CILITY STATE	ANAT	OMY BROAD
Smund Mu	111-110	16/80	655	W.Balto	St,Balto	.,MD	21201
23. PART i. Enter the diseases, proshock, pr heart failure.	complications that cause List only ona ceuse on		ot enter the mo	de of dying, suc	h sa cardiac or resp	iratory screst	Intarval Between
iMMEDIATE CAUSE (Final disease or condition	Extre	wo Dr	emati	120			Onset and Death
recuiting in daeth)		A CONSEQUENCE OF		um.			
	Gords	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1				İ
Sequantielly list conditions, if any, laading to immediata cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF):				
CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other eignificent condition	e contributing to death	but not resulting in	n the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	LACE OF DEATH (C)	neck only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Ou	tpatient 3 DOA			8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	JURY AT ORK? YES 3 NO	28d. DESCRIBE HOW	INJURY OCCUP	BED
3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	RY — A1 home, farm, st ec/ly)	treet, factory, offic		281. LOCATION (Street City or Town, State		Rural Route Number,
one)	ICIAN: To the best of my kno						ause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE			, y epittodi, t	29c. LICENSE NU			IGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

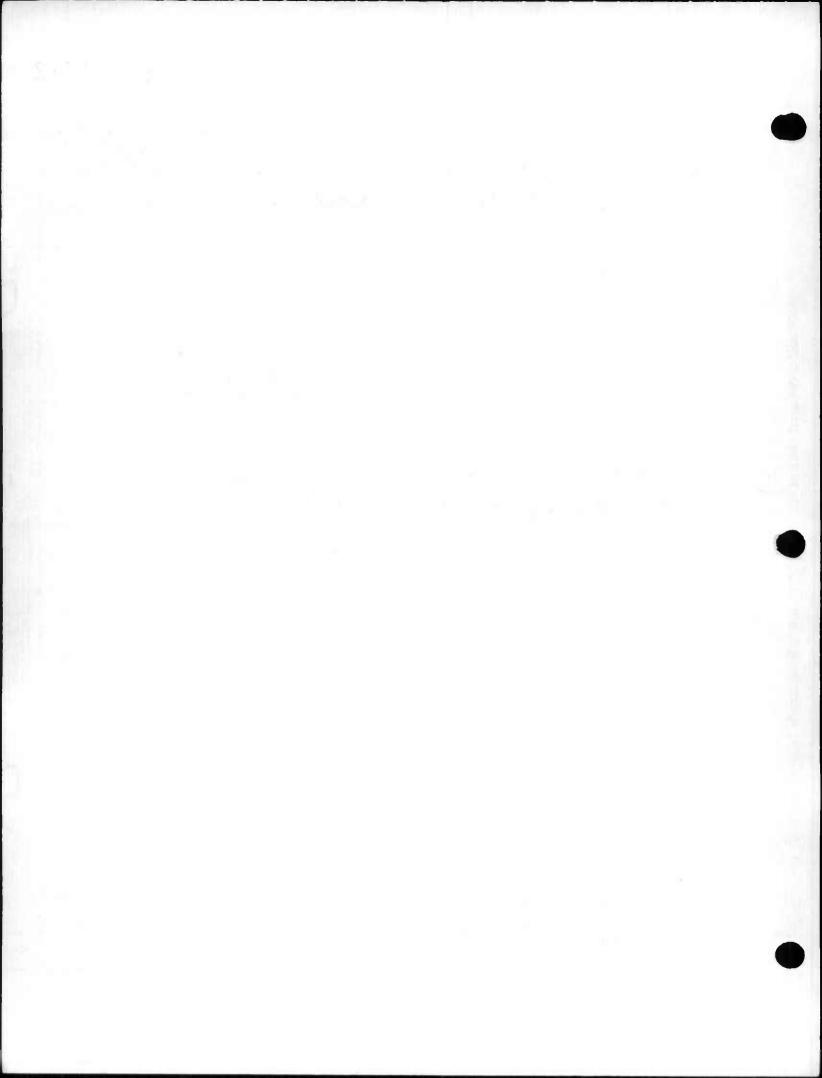


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within recovers affine the centificate has been signed by the attending physician and completely filled in by a standard by the those filled within 72 hours after death with the State Dert. of Health and Mental Hygien plori to burial, cremation, or remonal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical marked, or item anotified at once.		ne hos	Jetach	once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within colours after than the certificate has been signed by the attending physician and completely filled in by the certificate has been signed by the attending physician and completely filled in by the certificate has been in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal Hygiene prior to burial, cremation, or removal Hygiene prior to burial, cremation, or removal the case of the certificate the certificate that the	ì	by th	De o	at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the datest certificate be executed within a cours after than 10 miles and		ained	should	liffed
TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within Notice and the natural state of the transfer of the tran		e ret	5 9	# no
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after a to THE FUNERAL DIRECTOR. After this certificate has been sligned by the attending physician and completely filled in by the filled within 72 hours after death with the State Dert. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical	Ī	W.	1	ŭ,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Noward after the TO THE FUNEAL DIRECTOR: After this certificate has been used by the attending physician and completely filled in by the filed within TZ hours after death with the State Dent. or Health and Mental Hygine prior to build, cremation, or removal IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	i	1	I	Ŧ
TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within a law safe at TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, centration, or removal IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical		1	Ť,	Æ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within recours after 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the filed within 12 hours after deem with the State Dept. of Health and Mental Hygiene prior to build; cremation, or removing MPDORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical		ě	*	12
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within colours to the EUNERAL DIRECTING. After this certificate been signed by the attending physician and completely filled in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crenation, or replication.	۱	aff	by the	Ical
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the FUNERAL DIRECTOR. After this certificate has lossed by the attending physician and completely filling within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or term 23 shows any injury, or other traumatic event, the	•	Suno	of re	THE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and compete be filed within 72 hours after ceath with the State Dept. or Health and Mental Hygine prior to burial, commitment of the property	Į		by filly ation.	the
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FOR STATE REGISTRAR		STATE OF MARY						_	90	3102
ECEOENT'S NAME (First,	Middle, Last)	atsu C	arric	er Jai	nes		2. DATE OF DEATH MONTH / - / 24	2-90	OYEAR 3.	TIME OF DEATH
23-38-5	758	6. SEX 6. AC	GE (In yrs. lesi	birthday) IF UNDE	-	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	30		ACE (State or Foreign
eaton the	spita	H Medica	P Cen	ter 96. CIT	ry, town o	11		9c. COU	NTY OF DEA	Re
SIDENCE OF DEC				10c. CITY, TOWN	OR LOCATI	ON			14	od, INSIDE CITY
MD										LIMITS?
STREET AND NUMBER								10g. CITI		
434 Par	adise	Road				21001		ט	SA	
		FORCES? 1 Y	ES 2 N		If yes, spe	city Cuben, Mexico	on, Puerto Rican, atc.)	or No-		American Indian, White, etc. White
15. DECE	EDENT'S EDUCA	ATION	16e. DEC	CEDENT'S USUAL (OCCUPATIO	N	16b, KIND OF BU	SINESS/INC	DUSTRY	
	_	College (1-4 or 5+)	(Gir			t of working	Hospi	tal		
ATHER'S NAME (First, Mi	ddle, Lest)					16. MOTHER'S NA	ME (First, Middle, Malden	Surname)		
WARRE	IN CA	RRIER				VIEG	IE MC C	UTLE	R	
INFORMANT'S NAME (Ty	/pe/Print)		19b	. MAILING ADDRES	SS (Street or					MD
Sgt.Wm J	ames		PC	Box 21	3,HÇ	Co HS	T, Aberde	enPr	ovino	Grounds
Buriel 2 Cremetion	n 3 🗆 Remov	val from State	20b. PLACE (other pis	ice)						
BIGNATURE OF FUNERA	SERVICE LICE	RONA	LD W	VADE 22	55 W	D ADDRESS OF FA	STATE :	ANAT	OMY 1	BROAD 201
shock, or he	ert fallure. L	Crvical	n sech line	Ataine	er the mod	de of dying, suc	ch as cardiac or resp	iratory an	rest,	Approximats Interval Between Onset and Deat
any, leading to immeduse. Enter UNDERLYII USE (Disease or injurat initiated events	diste NG ry		225							
							PERFO	RMED?	C	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH? YES 2 NO
EXAMINER?	O MEDICAL	HOSPITAL:			ER:					
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY				28b. TIME OF INJURY	28c. INJ WO	URY AT				
		28a PLACE OF INJURY At home farm street factory office. 28f 1 OCATION (Street and Number or Bural Bouts Number								
Accident Suicide 6	Investigation Could not be datermined	28e. PLACE OF INJ building, etc. (JURY At he (Specify)	me, farm, street, fa	actory, office				or Runal Roo	ite Number,
Accident Accide	Investigation Could not be datermined	28e. PLACE OF INJ building, etc. (CIAN: To the best of my k	(Specify) unawledge, de	ath occurred at the	e time, date	end place, end du	City or Town, State to the cause(e) and me	nner as sta	ited.	
M D S NAME OF THE PARTY OF THE	STATE REGISTRAR CCEOENT'S NAME (First, MCCALD STATE AND NUMBER 434 Par 1 AND STATE AND STREET AND NUMBER 434 Par 1 AND STATE AND STATE AND STREET AND NUMBER 434 Par 1 AND STATE AND STREET AND NUMBER AND STATE AND STREET AND NUMBER AND STATE AND STREET AND NUMBER AND STATE AND STREET AND NUMBER AND STATE	STATE REGISTRAR CCEOENT'S NAME (First, Middle, Last) CCIAL SECURITY NUMBER 23-31-58 PACILITY NAME (II not Institution, give sire CLATON SIDENCE OF DECEDENT STATE 10b. COUNTY 1D STREET AND NUMBER 434 Paradise ARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced (Specify only highest grade of the company of the compa	STATE REGISTRAR RES REFERRED TO MEDICAL REGISTRAR RES SEX 1	CEOENT'S NAME (First, Middle, Last) CACILLY NAME (In not, Institution, give spreet and number) CACILLY NAME (In not, Institution, give spreet, and number) CACILLY NAME (In not, Institution, give spreet, Ing. Cacilly (In not, Institution, give	CERTIFICAT CEDENT'S NAME (First, Middle, Last) CALL SECURITY NUMBER 6. SEX 6. AGE (In yrs. legal birth/day) CALL TYNAME (Il not Ingelitation, give spreet and number) CALL SECURITY NAME (Il not Ingelitation, give spreet and number) CALL TYNAME (Il not Ingelitation, give spreet and number) CALL TYNAME (Il not Ingelitation, give spreet and number) STATE 10b. COUNTY 10c. CITY, TOWN AL STREET AND NUMBER 4 3 4 Paradise Road IARITAL STATUS 10c. CITY, TOWN AL STREET AND NUMBER 4 3 4 Paradise Road IARITAL STATUS 10c. CITY, TOWN AL STATE 10b. COUNTY 1c. WAS DECEDENT EVER IN U.S. ARMED 1c. VERS (SIVE WAR OR DATES) 11c. DECEDENT'S EDUCATION (Specify only highest grade completed) Idementary/Secondary (0-12) College (1-4 or 5+) 10c. CITY, TOWN 11c. DECEDENT'S USUAL (Give kind of work don line. Do NOT use ration. NUT'S CALL STATUS ATHER'S NAME (First, Middle, Last) WARREN CARRIER INFORMANT'S NAME (Type/Print) S gt . Wm James WARREN CARRIER INFORMANT'S NAME (Type/Print) S gt . Wm James POBOX 2 1 INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF COMPLETE IN U.S. ARMED 10c. CITY, TOWN In Person NAME (Trophy Indeed) In Person NAME (First, Middle, Last) WARREN CARRIER INFORMANT'S NAME (Type/Print) S gt . Wm James POBOX 2 1 INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) INGELIANCE OF DISPOSITION (10 office place) ING	CERTIFICATE OF CEOENT'S NAME (First, Middie, Last) ADD STATE SECURITY NUMBER C. SEX C. AGE (In yrx. Igast britiday) PURCE TYPE AND YRS. C. AGE (In yrx. Igast britiday) PURCE TYPE AND YRS. C. AGE (In yrx. Igast britiday) PURCE TYPE AND YRS. C. AGE (In yrx. Igast britiday) PURCE TYPE AND YRS. C. AGE (In yrx. Igast britiday) PURCE TYPE AND YRS. C. AGE (In yrx. Igast britiday) PURCE TYPE AND YRS. C. AGE (In yrx. Igast britiday) PURCE TYPE AND YRS. C. AGE (In yrx. Igast britiday) PURCE TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND YRS. COLOR TYPE AND COLOR TYPE	CERTIFICATE OF DEATH CEDENT'S NAME (First, Middle, Last) CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH COMMENT OF DEATH FUNCES A LAGE (In yrs. light birthday) FUNCES A LAGE (IN yrs. light birthday)	CEGENT'S NAME (Float, Middin, Last) CEGENT'S NA	CEDENT'S NAME (First, Mindfa, Last) CEDENT'S NAME (First, Mindfa, Mindfa, Mindfa, Mindfa, Mindfa, Mindfa, Mindfa, Mindfa,	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE RECORD AND CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEAT

29c. LICENSE NUMBER
D 37458 29d. DATE SIGNED, (Month, Day, Year) 11 14/90 La. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (1079 1990) 22. RESISTRAR'S SIGNATURE



ITEM:23 thru 28f per ME G-672 2/8/91 cm

90 31623

he burial-transit permit. Pages 1, 2, 3 should		
or, page a should be detached for use as t		ust be notified at once.
ician and completely filled in by the funeral direct	rial, cremation, or removal.	r other traumatic event, the medical examiner m
ed by the attending physical	Health and Mental Hygiene prior to bu	ws any injury, or other traumati
OR: After	urs after death with the State Dept. of Heal	: If item 28 is marked, or item 23 shows any injury, or other
RAL D	72 hours at	H H

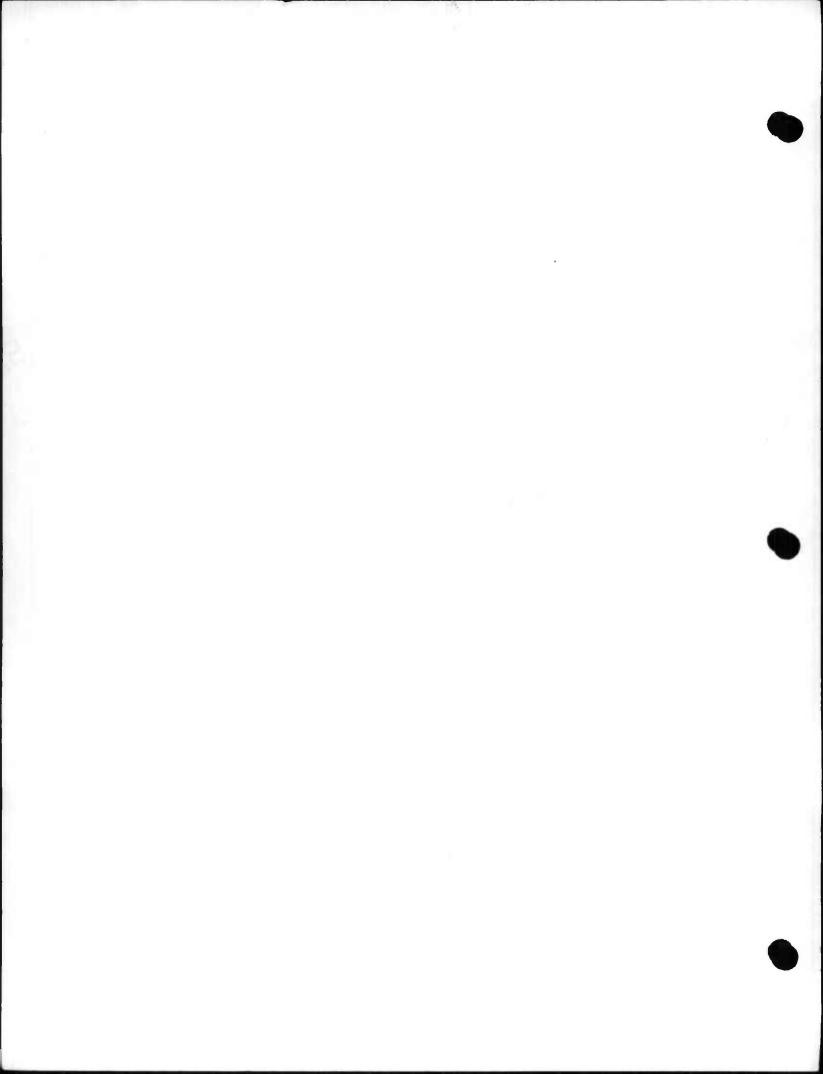
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

urs after death. Page of may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hvolene prior to hurtal comment IMPORTANT

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENE REG. NO.		0	01023
1. DECEDENT'S NAME (First, Middle, Las Dick		5	2. DATE OF DEATH MONTH 10-29-9			/ YI	3. °	9:30AM M	
4. SOCIAL SECURITY NUMBER	157 M 2 D 6		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year)	6.	BIRTHPLA Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, give Washington Coun				n Location of DE gerstown					n County
10e. STATE 10b. COUR	тү	10c. CITY, TO	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER			ZIP CODE	10g. CITIZEN OF V				COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						or No— 14. RACE — American Indien, Black, White, etc. Specify: Black		
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during moi	N it of working	16b.	KIND OF BUS	INESS/INDUS		Idex
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	iddle, Malden :	Surneme)		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural i	Aoute Numb	er, City or Town	, State, Zip Co	de)	
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re 4 Donetion 6 Date (Specify) 1 21. BERNATURE OF FUNERAL. SERVICE	n State Rer	WADE	22. NAME AN	D ADDRESS OF FA		ATE A		IY B	
23. PART i. Enter the diseases, o shock, or heart feilur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. ISONIAZID	esch Ilna.			en sa card	ac or respi	ratory sires	•	Approximata Interval Between Onset and Death
Sequentially list conditions, If any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant condit	ons contributing to death	but not resulting in t	the underlying	g cause given in	PERFOR	PERFORMED?		WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\sqrt{N} \) NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: 1 Inpatient 2 MR/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2 NEW Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							SONI	AZID
3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) MARY AND ORREST ON A J								Number, SECTIONAL/ SH., O., MD.	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner se stated. MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner se stated.									
AND AND TITLE OF CERTIFICATION	Ywell		29c. LICENSE NUMBER CME 29d. DATE SIGNED (Month, Dey, Year) 10-30-90				onth, Say, Year)		
MARGARITA A. KO		PEATH (ITEM 27) (Type, Pr	111	Penn Str	eet,	Baltim	ore,M	212	201
31. DATE FILEN MONT. DO THE HIS	321 ANGISTRAM'S SIG	nature panders	1			-			

DHMH-18 Rev 1/89



3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

> interval Batween Onset and Dasth

> > 2 wites

14. RACE — American Indian, Black, White, atc.

BIRTHPLACE (State or Foreign Country)

Maryland

5:40p

BALTIMORE, MARYLAND 21203-3146

DIRECTOR

FUNERAL

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23

CERTIFICATION other 1

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

Surderson

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SINDERSON

filled in by the fi been signed by the attending physician and con it, of Health and Mental Hygiene prior to burial, requires that the death PHYSICIAN: The law this certificate h DIRECTOR Afer thouse after ceath them 28 is man

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH BERTHA JOHNSON Louise Norton 10 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) DAYS 1 M 2 TF 86 579-32-5111 July 3,1904 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5610-Newington Road Bethesda Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE Maryland Bethesda Montgomery 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5610-Newington Road 20816 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married 3 XWidowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Housewife at home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Norton Catherine Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Doris Johnson Greene (Daughter) 4601-North Park Ave., #218, Chevy Chase, MD 20815 20a. METHOD OF DISPOSITION
1 □ Burtal 2 🂢 Cremation 3 □ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Lee's Crematory Washington, D.C. 4 Donatton 6 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
J. William Lee's Sons Company Funeral Home
300-4th St., NE, Washington, DC 20002-5816 21. SIGNATURE OF FUNERAL SERVICE LICENSEE lacles Del 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or haart fallure. List only one cause on each line **IMMEDIATE CAUSE (Final** disease or condition RENAL FAILURE resulting in death)

	DUE TO (OR AS A CONSEC	UENCE OF):							
Sequentially list conditions,	b. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):								
if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. CARDIOMYOPI	44							
that initieted events resulting in daeth) LAST	DUE TO (OR AS A CONSEQUENCE OF): JALVULAR HEART DISERSE								
PART ii. Other significant condition	ns contributing to death but not re	esulting in the u	nderlying ceuse given i	.0.7	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		1.0.120 1.0.10			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: Insing Home 5 Reeldence	8 🗆 Other (3	Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c, INJURY AT WORK? 1 YES 2 NO	28d. DESC	RIBE HOW INJURY OCCU	PRED			
3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, atreet, fe	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
cool	SICIAN: To the best of my knowledge, de								

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(a) and manner as stated.

ROCKLEDGE

6410

29c. LICENSE NUMBER

DRIVE

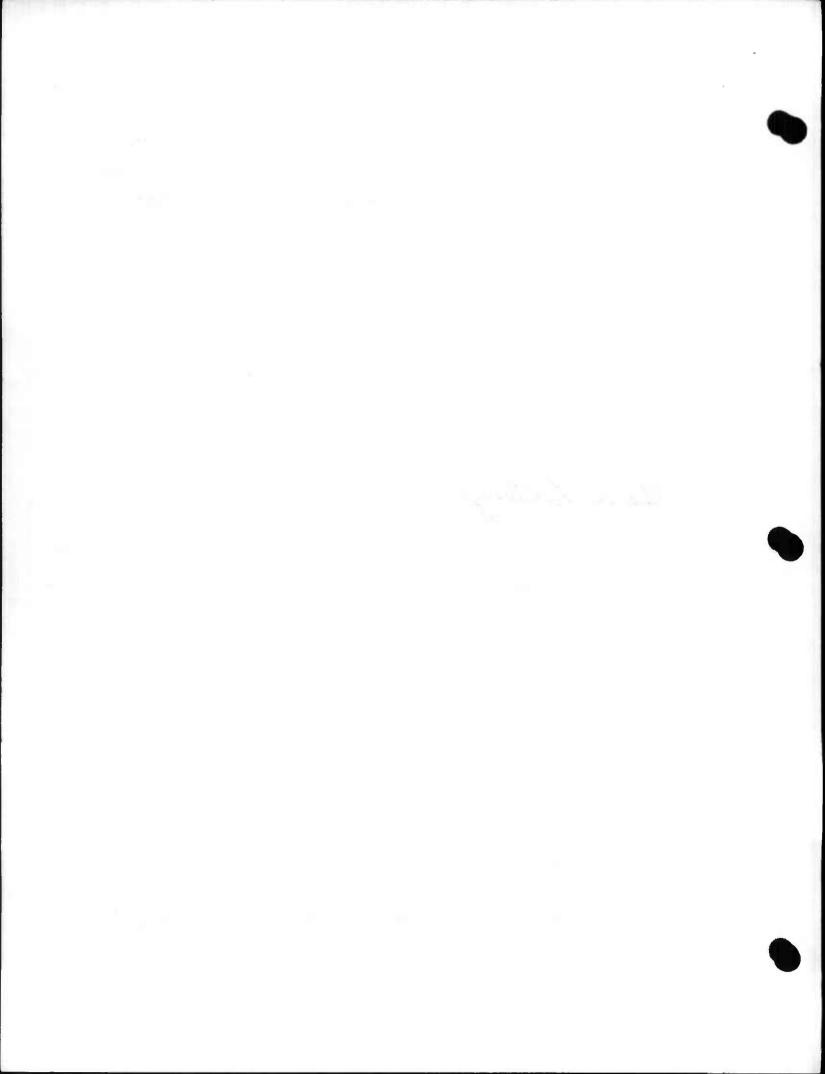
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20817

29d. DATE SIGNED (Month, Day, Year)

►11-12-90



nit. Pages 1, 2, 3 should			
se as the burial-transit perr			
in the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		otified at once.	
e funeral director, page 5	l.	examiner must be n	
completely filled in by th	rial, cremation, or remova	item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
attending physician and	Deut, of Health and Mental Hygiene prior to burial, crematic	ry, or other traumati	
as free signed by the	Deut, of Health and Me	23 shows any Injur	
Cade 4	H	Item	١

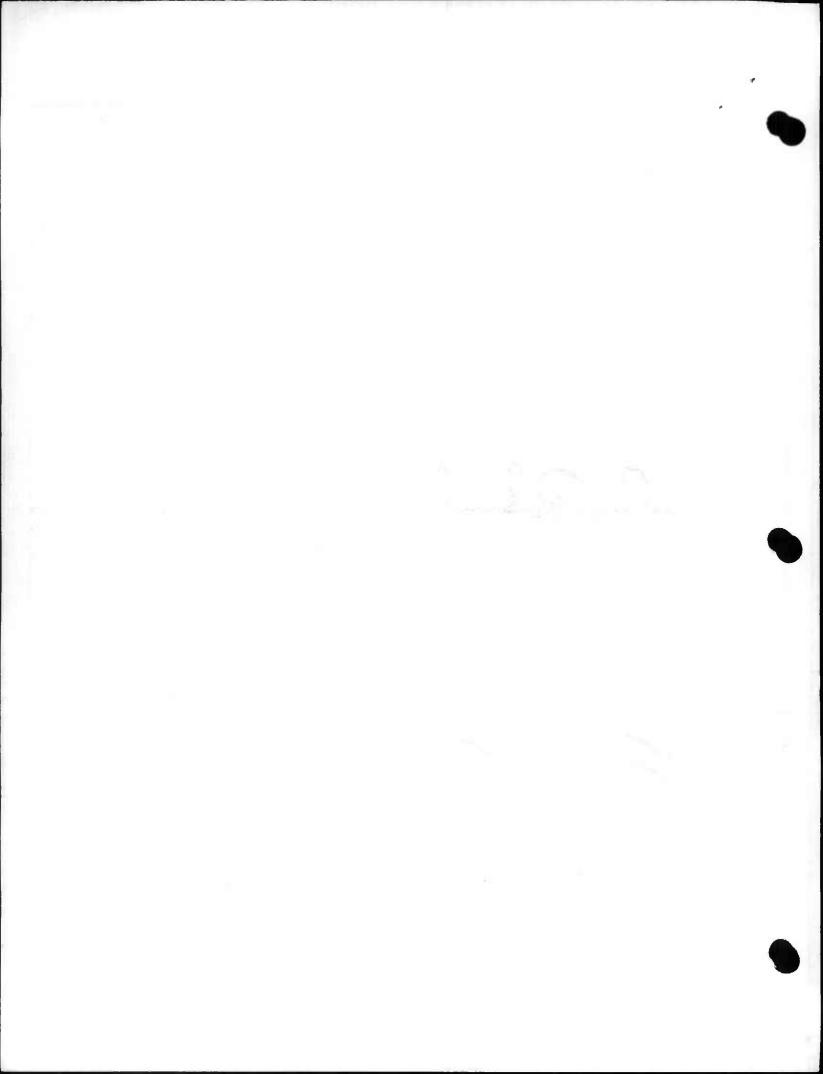
FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO.

90	1	3	1	6	25	
-	207		V			

	1. DECEDENT'S HAME (First, Middle, Lest) LELA BELLE JAMES							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		MONTHS DAYS HOURS MIN			(Month, Day, Year)					
	9a. FACILITY HAME (If not institution, give		90	3.00	9b. CITY.	TOWN (OR LOCATIO	OH OF D		10 1		NTY OF D	
DIRECTOR	Memorial Hospital CUMBERLAND ALLEGANY												
EC	10a. STATE 10b. COUNT	Ύ		10c. CITY	, TOWN OF	LOCAT	ION						10d. INSIDE CITY LIMITS?
5	WV Mineral			Ft.	As	h b y	,						1 ☐ YES 2 X NO
AL	10e. STREET AND HUMBER			101. ZIP CODE						10g. CIT	IZEN OF V	WHAT COUNTRY?	
E	Star Route 1	Box 1	9	26719				U.S.A.					
FUNERAL	11. MARITAL STATUS 1 Hever Married 2 Married 12. WAS DECEDENT EVER IH U.S. AR FORCES? 1 YES 2 4			IMED 13. WAS DECEMBENT OF HISPAH				AHIC ORIGIH? (Specify Yes or Ho— 14. RACE — An Black, White				E — American Indian, k, White, etc.	
В	3 Midowed 4 Diverced IF YES, GIVE WAR OR DATES				100 32						″y: √hite		
Ħ	15. DECEDENT'S EDU (Specify only highest grad	JCATIOH e completed)	16a. DEC	e kind of w	ork done di	CUPATION TO THE	OH ast of workin	g	16b.	KIHD OF BUS	SINESS/IHC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ve kind of work done during most of working Do NOT use retired.) Homemaker					Se	1 f			
ŏ	17. FATHER'S HAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, M	fiddle, Malden	Surname)		
BE (rror						Rel	becc	a Ma	rga	ret	Borror
TO E	19a. IHFORMAHT'S HAME (Type/Print)		196.	MAILING	ADDRESS	(Street a				er, City or Tow		Code)	
	Gwendolyn Hite		R			x 4			Ash	by, W		267	
	4 N Burdel 2 Commettee 2 C Barney tone State				OF DISPOSITION (Name of cometery, cramatory or lece) lansville Cemetery						CATION -		
	4 Donation 5 Other (Specify)	country	_ гарт	ansv			emet			Lah	man	SV1	lle, WV
	To all the second of	1)4	1/				-			1 Hon	1.6		
	Miary	Kak	luck		8	5 S	outh	M	ain	St.	Kev		WV 2672
	23. PART I. Enter the diseases, Dr shock, or heert fallure	complications the	et caused the dec use on sech line.	th. Do n	ot anter	the mo	de of dyl	ng, aud	ch aa cerd	llec Dr resp	iratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel												
	disease or condition resulting in death) a. Out 9 extrue Heart faileare Due to (or as a consequence of):												
_		DOE IC	CA	OENCE OF) .								
MEDICAL CERTIFICATION	Sequentielly list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):												
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
E	that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSEC	UEHCE OF	7):								
H	Tosoning in destri) Exist	d											-
ا نِـ	PART II. Other algnificant condition	na contributing to	deeth but not re	sulting i	n the un	derlyin	g ceuse (given in	Pert I.	t I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO			D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5										1 TYES			COMPLETION OF CAUSE OF DEATH?
ME									_				1 YES 2 HO
_ 1													
PHYSICIAN:	25. WAS CASE MEFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (C	heck only on	10)			
YSI	1 YES 2 HO		ER/Outpatient 3		4 🗆 Hurs	ing Hor		eldence	S 🗆 Othe				
ВУ РН	27. MAHNEN OF DEATH 1 Netural 5 Pending Investigation		Day, Year)	26b. TIMI INJ	URY M	W	JURY AT ORK? YES 2	Но	28d. DES	CRIBE HOW	INJURY OC	CUREO	
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined 28s. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF IHJURY — At home, farm, street, factory, office City or Town, State)								Route Number,				
	29a. CERTIFIER	SICIAN: To the heat o	of my knowledge, de-	oth occurre	ad at the ti	mo det	and place	and du	a to the cou	ree(e) and me	nner ee ek	ted	
COMPLETED	CENTIFICATION CONTINUES TO the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Continues Cont												
296. SIGNATURE AND TITLE OF CERTIFIED 290. LICENSE NUMBER								_	7			0 (Month, Day, Year) 9 - 9 0 -	
2	30. NAME AND ADDRESS OF PERSON W		MBERLAND	4.170	, Print)				7:				
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	+ + + + +									
	NOV 19 1990	Δ	Ison-Randel	2									



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31626 90

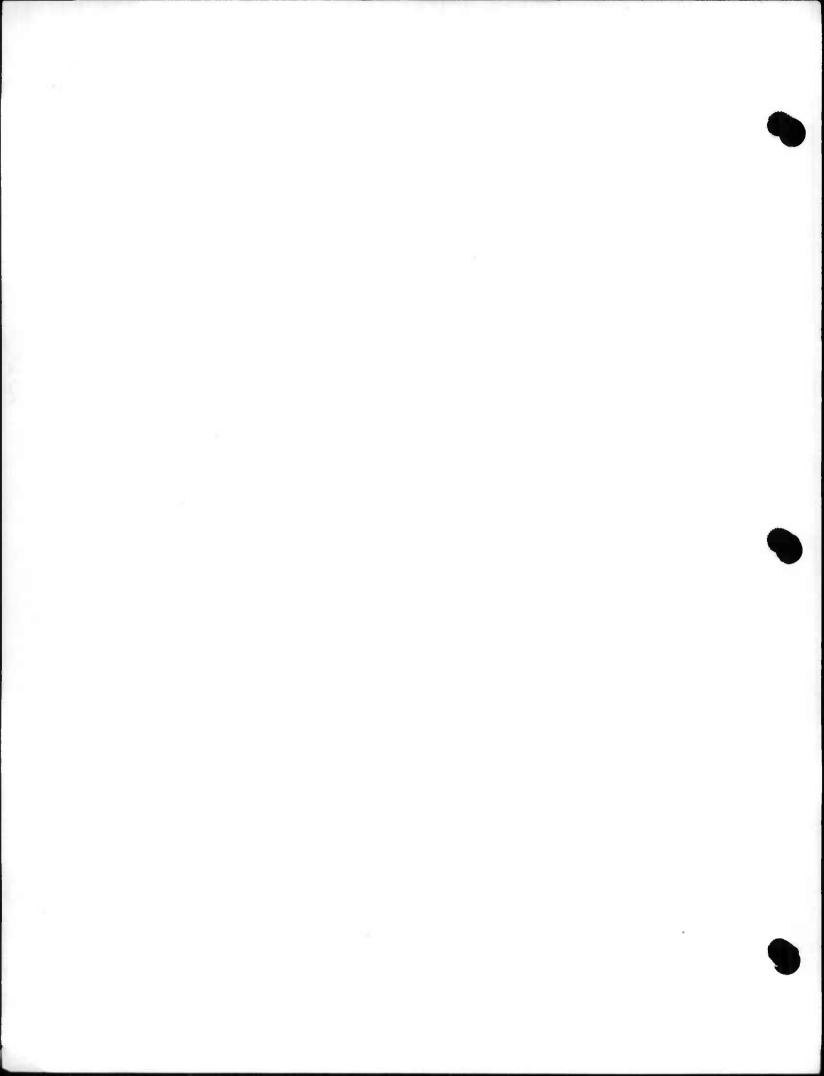
	REGISTRAR		CERTIF	ICATE O	DEATH	REG.	NO.					
	1. DECEDENT'S NAME (First, Middle, Lust) 2. DATE OF DEATN 3. TIME OF DOOR DEDTE ACTION TO THE DAY YEAR											
	ROBERT KENNETH JA 4. SOCIAL SECURITY NUMBER	CKSON 1 s. sex 1			T	11	-	90	11:50P M			
	219-22-0878	S. SEX XXX M 2 □ F	6. AGE (In yrs. last birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yo. 4/29/27	r)	Country)	ACE (State or Foreign IMORE . MD .			
	9a. FACILITY NAME (If not institution, give			OR LOCATION OF DE	EATN	9c. COL	INTY OF DEA					
DIRECTOR	VA MEDICAL CENTER			FORT	HOWARD		BA	LTIMOR	Œ			
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
		BALTIMORE			EDGEME	RE		YES 2 NO				
3AL	10e. STREET AND NUMBER		10f. ZIP CODE				AT COUNTRY?					
FUNERAL	8822 AVENUE B	I 12 WAS DECEDEN	T EVER IN U.S. ARMED		21219 CENDENT OF NISPAI	NO 00101112 W	U.S	- American Indian,				
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	YES 2 NO	Il yes,	pecify Cuben, Mexical S 2 NO Specify	n, Puerto Ricen, etc		Vhite, etc.				
	15. DECEDENT'S EDU		WWII	TIERTAL OCCUPA	TION	100 KIND O	BUSINESS/IN	Specify: WHI	TE			
COMPLETED	(Specify only highest grade	completed)	(Give kind of	work done during i		DUSTRY						
AP.	12TH GRADE	N/A	SALE	S		LEVI	VSON &	KLEIN				
8	17. FATHER'S NAME (First, Middle, Lest) HARRY JACKSON					ME (First, Middle, M.	ilden Surname)					
B	190, INFORMANT'S NAME (Type/Print)		405 14411 1915	4.000500 (0)	MAR and Number or Rural			NKNOWN				
2	PEGGY WILLIAMS				B 1. BA		1 -32.7		10			
	20s. METHOD OF DISPOSITION		20b. PLACE OF DISPO				LOCATION -					
	1V Burial 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	novel from State	OAK LAWN C	LAWN CEMETERY 11-16-1990 BALTIMORE, MARVIAND 22. NAME AND ADDRESS OF FACILITY								
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME	and address of fa RUCK FUI	NCILITY NEDAI ロハ	IE AE 1	ו אמואווח	V THO			
	Door, 4		der.	7922	WISE AVI	ENUE_DUI	JDAIK I	MD	21222			
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	t causad the death. Do	not anter tha r	ode of dying, suc	ch as cardiac or	eapiratory a	rrest,	Approximate Interval Between			
- 1	IMMEDIATE CAUSE (Finel disease or condition	7					Onset and Death					
ŀ	resulting in deeth)	8	RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF):									
z		BRONCHO	PNEUMONIA									
일	Sequentielly list conditions, lif sny, leading to immediate cause. Enter UNDERLYING											
SE	CAUSE (Disease or Injury	DUE TO	OR AS A CONSEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST	d. C.V.A.										
	PART II. Other aignificent conditio					Part I. 24a, W	S AN AUTOPS	/ 24b. V	FRE AUTOPSY FINDINGS			
EDICAL			•			PE	RFORMED?		MAILABLE PRIDE TO COMPLETION OF CAUSE			
						''''	2 1 10		F DEATH?			
N: M												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C/	heck only one)						
IXSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2	ER/Outpatient 3 DOA	4 - Nursing N	ome 5 - Residence	6 Other (Specification of the Control of the Contro		CCUBED				
	1 Natural 5 Pending	(Month, E		JURY	YORK?	200. DESCRIBE	IOW INSURT O	CCORED				
D BY	2 Accident Investigation 3 Suicide 8 Could not be		F INJURY — At home, farm, atc. (Specify)	street, factory, of	fice	261. LOCATION (S City or Town,		er or Rural Ro	ute Number,			
	4 Homicide datermined	- Canaling	atta (opoony)			Oily Oi TOWN,	Oldie)					
COMPLETED	(Orleck Orly)	100	my knowledge, death occur									
S	2 MEDICAL EXAMINER: On the Data of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER / Way MA MAN 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/14/90											
2	30. NAME AND ADDRESS OF PERSON W							TT/ T4/	50			
	RAUL LOPEZ, M.D.	9600 NOR	TH POINT ROA	AD, BAL	TIMORE MAI	RYLAND 2	1052					
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE									
	1101 1 0 133()	guia David	con Fande									

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ITEMS:23pt1,pt2,27 per ME G-669 11/14/90 cm GTATE OF AN G-669 FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	ONIE OI		REG. NO			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3, TIME OF DEATH
		3003	-	TC.		MONTH D		YEAR	The second secon
	VANE		JEW	VS		9 3	0	90	6:07 PM
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
1	2/3-60-9792	1 M 2 F 7	7 7 / YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1951	Country	Md.
	2/0		76			JULY 19	Krl		/ 1 - 1
	Sa. FACILITY NAME (If not institution, give str	reet and number)	1	9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUN	ITY OF D	EATH
K	Prince George's	General Ho	ospital	(Cheverly		Pri	nce	George's
6	RESIDENCE OF DECEDENT	OCHCEGE IN	JOPICAL		are ver i j			1100	ocorge o
DIRECTOR	10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY
<u>E</u>	20			1,1 -1	-			- 1	LIMITS?
	12.6		/	Nash	INC/0	N			1 PYES 2 NO
7 1	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?
5	V7WAC STA	T1.03	TE		7.001	9	1	1.	Γ Δ
FUNERAL	117000117	د. تا ملتي , ا رايا	2.1-1	V 12 1/11 2 2 2 2		(- U	1 -	Anadan tatlar
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1				HC ORIGIN? (Specify Year, Puerto Rican, etc.)	1 OF 140 —	Black	American Indian, , White, etc.
	1 Never Married 2 Married	IF YES, GIVE WAR			2 NO Specify			Specif	Y:R/
B	3 Widowed 4 Divorced								Plack
	15. OECEDENT'S EDUC		16a. OECEDENT'S	USUAL OCCUPATIO	DN	16b. KIND OF BU	SINESS/INO	USTRY	
	(Specify only highest grade		(Give kind of w	vork done during mo- re retired.)	st of working	725 C. C. C. C. C. C.			
5	Elementary/Secondary (0-12)	College (1-4 or 5+)							
8	12 boade								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	FT 6 2005 18	2			B	L	10	/	
BE	1 homas D	LX aN			(-)a;	-Davac c	2600		rage
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Nurhber or Rural i	Route Number, City or Tox	m, State, Zip	Code)	
F	Themosine R	455 INS	2801	VAUNT	TSt. W	ashinsto	IN D.	C. :	20336
	20s. METHOD OF DISPOSITION		20b. PLACE OF DISPOS	SITION (Name of cer			CATION —	City or To	wn. State
	1 Buriel 2 Cremetion 3 Remo	oval from State	other place)	116.1	1 1	11	1	0	1- 1
	4 Donation 5 Other (Specify)		0/	d. Trele	d ceme	2 Chi	hoch	(i-	eek, / ldi
	21. SIGNATURE OF FUNERAL SERVICE LIC		~ 0	22. NAME AN	ID ADDRESS OF FA	CILITY			,
	Danelle C	C/Hen	Buck	11		1/	/ /		1 .01
	June		/- (1	HPA	12010	were XI	ine (an	b. /V lo/1
$\overline{}$									
- 1	23. PART I. Enter the diseeses, or o	complications that co	sused the deeth. Do r	not enter the mo	de of dying, suc	h as cardiac or reep	iratory arr	est,	Approximate
	23. PART I. Enter the diseees, or of shock, or heart fellure.			not enter the mo	de of dying, suc	h as cardiac or reep	iratory arr	est,	interval Between
	shock, or heert fellure. iMMEDIATE CAUSE (Fine)			not enter the mo	de of dying, suc	h as cardiac or reep	iratory arr	est,	
	shock, or heert fellure. IMMEDIATE CAUSE (Finei disease or condition	Liet only one ceuse	on eech line.				-		Onset and Death
	shock, or heart fellure.	e. CARDIAC ARR	on each line.	SCOPINION			-		Onset and Death
	shock, or heert fellure. IMMEDIATE CAUSE (Finei disease or condition	e. CARDIAC ARR	on eech line.	SCOPINION			-		Onset and Death
NC	shock, or heert fellure. iMMEDIATE CAUSE (Finei disease or condition resulting in desth)	e. AR DUE TO (OR	On eech line.	SOCIALTON F):			-		Onset and Death
rion	shock, or heert fellure. IMMEDIATE CAUSE (Finei disease or condition	e. AR DUE TO (OR	on each line.	SOCIALTON F):			-		Onset and Death
CATION	shock, or heert fellure. iMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. AR DUE TO (OR	On eech line.	SOCIALTON F):			-		Onset and Death
FICATION	shock, or heert fellure. iMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. AR AR DUE TO (OR b. DUE TO (OR c.	On eech line.	SCCRITION F): F):			-		Onset and Death
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AL CERTIFICATION	shock, or heert fellure. iMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant condition	DUE TO (OR DUE TO (OR DUE TO (OR C. DUE TO (OR	ON EACH LINE. R AS A CONSEQUENCE OF R AS A	F):	WITH ACUE	E CONGESTIVE	HART NAUTOPSY	FAT	interval Between Onset and Death WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
SICAL CERTIFICATION	shock, or heert fellure. iMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR DUE TO (OR DUE TO (OR C. DUE TO (OR	ON EACH LINE. R AS A CONSEQUENCE OF R AS A	F):	WITH ACUE	Part i. 24a, WAS AI	N AUTOPSY RMED?	FAT	interval Between Onset and Death
EDICAL	shock, or heert fellure. iMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant condition	DUE TO (OR DUE TO (OR DUE TO (OR C. DUE TO (OR	ON EACH LINE. R AS A CONSEQUENCE OF R AS A	F):	WITH ACUE	Part i. 24a. WAS AI PERFO	N AUTOPSY RMED?	FAT	interval Between Onset and Death WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	shock, or heert fellure. I iMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition THYROID HYPERPLA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO (OR DUE TO	On each line. R AS A CONSEQUENCE OF R AS A	F): F): 28. Pi OTHER: 4 Nursing Hon E OF URY M 1	g cause given in	Part i. 24a. WAS AI PERPO 1 M YES heck only one) 8 Other (Specify) 28d. OE\$CRIBE HOW	N AUTOPSY RMED? 2 NO	24b	were autopsy findings awaitable prior to completion of Cause of Death?
BY PHYSICIAN: MEDICAL	shock, or heert fellure. If IMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significant condition THYROID HYPERPLIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 MY YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR DUE TO	On eech line. R AS A CONSEQUENCE OF R AS A	F): F): 28. Pi OTHER: 4 Nursing Hon E OF URY M 1	g cause given in	Part i. 24a. WAS AI PERFO 1 N YES heck only one) 6 Other (Specify) 28d. OESCRIBE HOW	N AUTOPSY RMED? 2 NO	24b	were autopsy findings awaitable prior to completion of Cause of Death?
BY PHYSICIAN: MEDICAL	shock, or heert feilure. iMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART ii. Other significant condition THYROID HYPERPLIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR DUE TO	On eech line. R AS A CONSEQUENCE OF R AS A	F): F): 28. Pi OTHER: 4 Nursing Hon E OF URY M 1	g cause given in	Part i. 24a. WAS AI PERPO 1 M YES heck only one) 8 Other (Specify) 28d. OE\$CRIBE HOW	N AUTOPSY RMED? 2 NO	24b	were autopsy findings awaitable prior to completion of Cause of Death?
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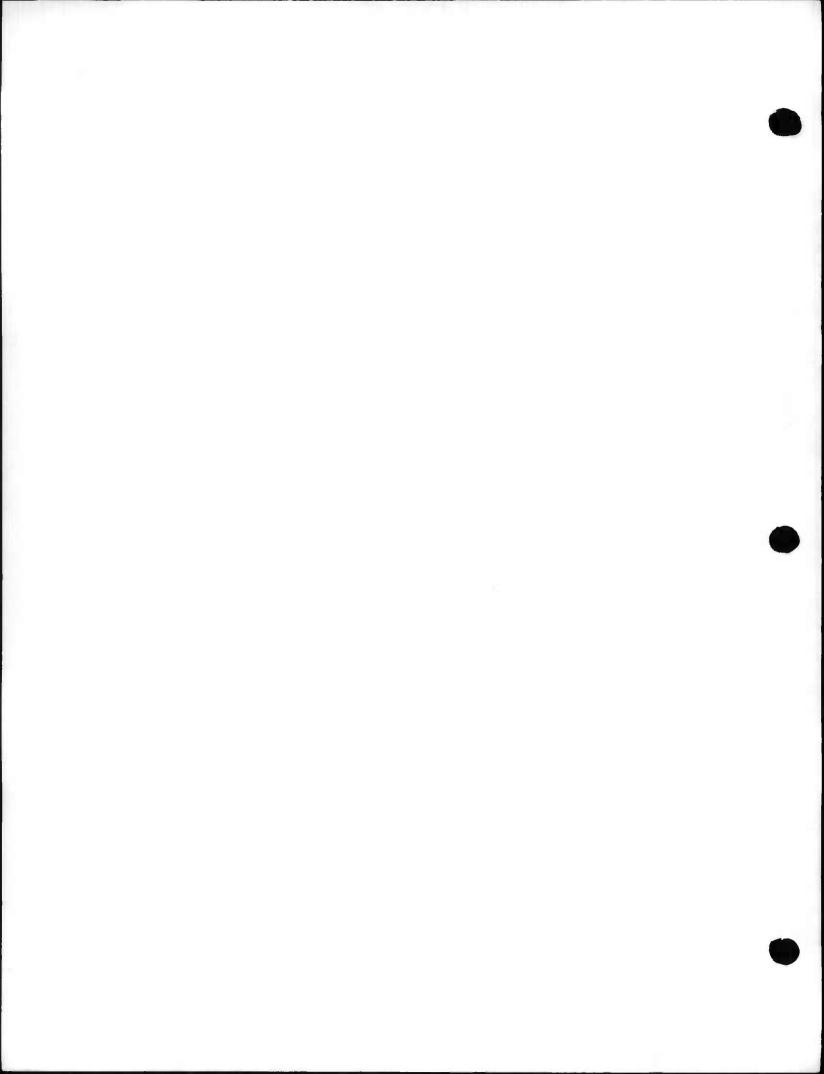
APX AND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may live the law to the law to the law to the law to the law to the funeral director, page 5 mounts to the law thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be

sched for use as the burial-transit permit, Pages 1, 2, 3 should

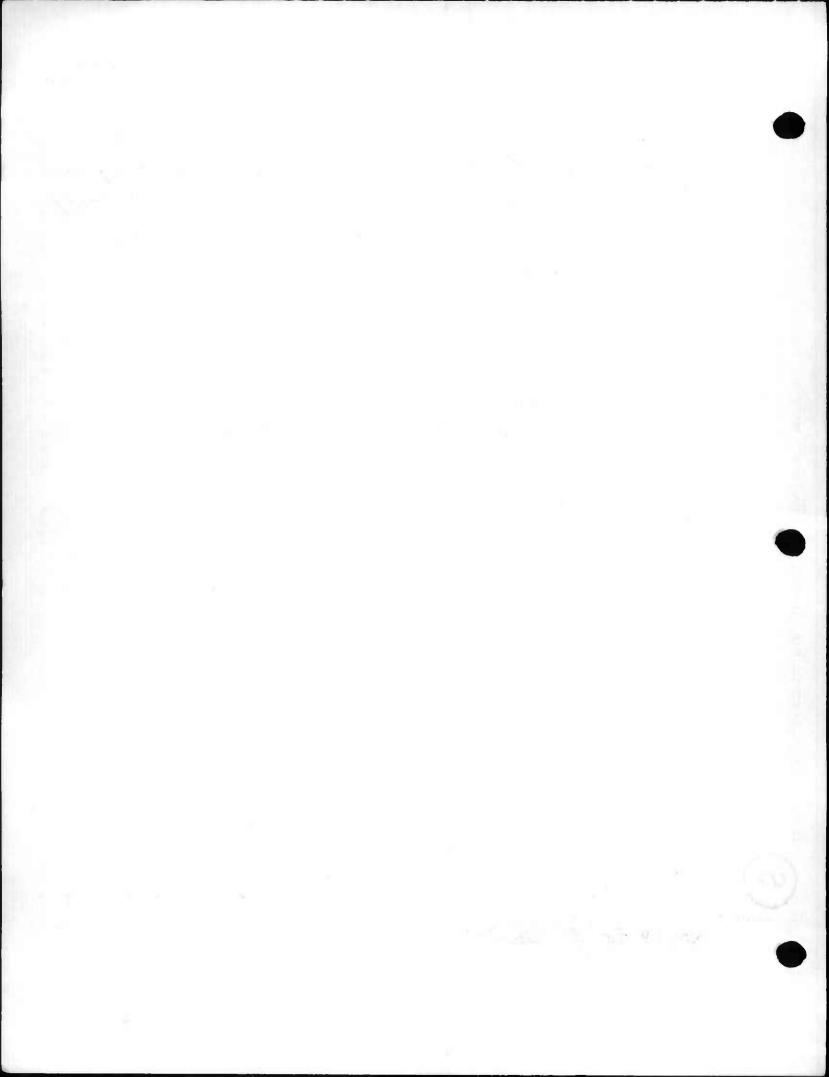
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	90	31	628
CERTIFICATE OF DEATH REG. NO.			

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			ENTAL HYGIEN REG. NO	E 90	31628
1	1. DECEDENT'S NAME (First, Middle, Last)	noth				2. DATE OF OEATH MONTH D	YE YE	
	4. SOCIAL SECURITY NUMBER 215123410	5. SEX 6. AGE (h	yrs. lest birthdey) IF L			7. DATE OF BIRTH (Month, Day, Year)	21	BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give s	treet and number)	of Inc. E	CITY, TOWN OR LO		тн	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		WN OR LOCATION				10d. INSIDE CITY LIMITS?
RAL D	MD 10a. STREET AND NUMBER	Lewood Road	Bal	timore 10f. ZIP	CODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 1 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDE		C ORIGIN? (Specify Yes, Puarto Rican, atc.)		A RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	1s. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of	working	16b. KIND OF BU	SINESS/INDUST	яy
OMP	Y e s 17. FATHER'S NAME (First, Middle, Last)		Dental		MOTHER'S NAM	Dentis BE (First, Middle, Maiden		
BE C	Clinton Knott		T 40 404 000 100			ret Byro		
2	19a. INFORMANT'S NAME (Type/Print) Nancy Knott	Wife	110 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1			d, 21239		20)
	20a. METHOD OF DISPOSITION 1	100m State	PLACE OF DISPOSITIO other place)	N (Name of cemeter)	y, cremetory or	20e. LC	CATION — City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE RONALD	WADE	22. NAME AND A		SIMII		MY BOARD , MD 21201
CERTIFICATION	23. PART/I. Enter the diseases, or shock, or heart failure. immEDIATE CAUSE (Final diseases or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A DUE TO (OR AS A C.			- for	in cardiac or reap	ratory arrest	Approximate Interval Between Onact and Death 2 4 M 2 1 M
AL	PART II. Other algnificent condition	d	out not reaulting in the	ne underlying ca	use given in f	Part I. 24e, WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE	OF DEATH (Che	ck only one)	-	
HYS	1 YES 2 NO 27, MANNER OF DEATH	1 Inputient 2 ER/Outp	28b. TIME OF	Nursing Home 5	AT	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	IED
BY	1 Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, stree	M 1 TYES	2 🗌 NO	26f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my know	riedge, death occurred a	t the time, data and	I place, and due	to the cause(s) and me	nner as stated.	
	anal	IER: On the basis of axaminatio	n and/or investigation, is		c. LICENSE NUM			ause(a) and manner as stated. IGNED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON W	sh (Inter	ے)			> ()	11/90
	Good	Zieries -	195 molter	mil		April	iel Ar	out.
	31. DATE FILED (Month, gry 1 904)	32 RECHETRAN & BIGH	NATURE	7				



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	e later	3. TIME OF DEATH
	Key, Inez H.				MONTH DA	6 91	750 04
	4. SOCIAL SECUPITY NUMBER 5. SEX 6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	218-22-237410H2 98	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		(ntry)
1	9a. FACILITY NAME (If not institution, give street and number)	-	b. CITY, TOWN (OR LOCATION OF DE		9c, COUNTY OF	DEATH
00	Kac '6 11		R /	4 00	1	B-1	to 1.tu
16	RESIDENCE OF DECEDENT		Val	10, 100	a -	261	10. City.
DIRECTOR	10e. STATE 10b. COUNTY		TOWN OR LOCAT	TION			10d, INSIDE CITY LIMITS?
1	Md.	13	alto	. Cit	Y		1 PYES 2 NO
4	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
EB	700 W 40th- St.			2121	11	4,	SIA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR				C ORIGIN? (Specify Yea	or No.— 14. RA	CE — American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		ocity Cubes, Mexicar 2 NO Specify.			eck, While, etc.
ВУ	3 Wildowed 4 Divorced					1 6	DIACK
ED	15. DECEDENT'S EDUCATION 16a. DE (Specifly only highest grade completed) (G	CEDENT'S U	SUAL OCCUPATION	ON ist of working	16b. KIND OF BUS	INESS/INDUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)	Do NOT use	retired.)	6		-	
N N	17	om	emi	Ren			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	NE (First, Middle, Maidlen	Surname)	
ш	JUSHUR DULLIN			2,66	-iAn L) Uff	1/1
TO B	19e. INFORMANT'S NAME (Type/Print)	b. MAILING A	DORESS (Street)	nd Number or Rural R	loute Number, City or Town	n, State, Zip Coder	
F	Mr. 15Ador Oglesby 3	501.	51 IA	41 5T,	BAllia	ore 1	nd. 2128
	1 Faurici 2 Cramellan 2 Demont from State	(aca)		metery, crematory or	20c. LO	CATION - City or	Towner State
	4 Donellon 5 Other (Specify) GRE	enm	ount	Cem.	16	A110.	mc.
	21 TOWNATURE OF FUNERAL SERVICE LICENSEE		22: NAME A	ND ADDRESS OF PAC	PULSE FU	NEM	Home
	Joseph J. Russ		Jose	pil air	20 10	6	
	21. FATT I. Enter the diseases, or complications that caused the de	eath Do no	t enter the mo	de of dylag such	as cardiac or reani	ratory arrest	Approximata
	ahock, or heart failure. List only one ceuse on each line	1.			· aa oaronao or roapi	atory arrowt,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1.		Q	4		Onset and Death
	resulting in death) aa	and	ioi (cres		····	Thikutes
	Classes and and	as Is	1.100	1/101			244
l o	Sequentially list conditions, DUE TO (OR AS A CONSE	QUENCE OF	Treco	9 200	core		years
AT	If any, leading to immediate cause. Enter UNDERLYING						
윤	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSE	QUENCE OF):					
CERTIFICATION	resulting in death) LAST						
AEDICAL	PART II. Other algnificent conditions contributing to deeth but not	resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					1 YES 2	□ NO	OF DEATH?
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ä	A						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Che	ock only one)		
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3		OTHER: Nursing Hon	ne 6 🗆 Reeldence	6 Other (Specify)		
Ē	27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT DRK?	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ	1 Natural 6 Pending 2 Accident Investigation			YES 2 NO			
	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, str	eet, factory, offic	:0	281. LOCATION (Street of City or Town, State)	and Number or Run	al Route Number,
1	4 Homicide determined				ony or nown, orane,		
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: The best of my knowledge, de	eath occurred	at the time, date	end place, end due	to the cause(e) end man	nner as stated.	
N N	Control of the contro						e(s) and manner as stated.
	290 BIQUETURE AND TITLE OF GERTIFIER			29c, LICENSE NUN	IBER	29d, DATE SIGN	IED (Month, Day, Year)
BE	They to Crown	_	-	D120	150	D 11/	16/90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, F	Print)	0101	J /	1111	
PE .	Philip Moore				-		
	SHATTELE OF THE STATE OF THE ST						
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18. The law requires that the board continued to execute them to the continued of the mapping of distribution of the mapping property.	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tra		nce.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
CERTIFICATE OF DEATH		AEG. NO.
	2 DATE O	E DEATH

10g. Cr	a. SHITHPLACE (State or Foreign Country) Baltimore tod. Inside City Limits? t \(\text{Yes} \) 2 \(\text{X} \) NO
(onth, Day, Year) 2/15/17 9c. COL	Baltimore UNITY OF DEATH Saltimore 10d. INSIDE CITY LIMITS?
10g. Cr	Baltimore 10d. INSIDE CITY LIMITS?
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	U. S.
IGIN? (Specify Yes or No— rto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
Factor	
	ngs, Mo.65793
Howardhton Fune	d County ral Home Inc.
	Onset and Deat
I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ly one)	
Other (Specify) DEŞCRIBE HOW INJURY O	OCCURED
LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,
e cause(e) and manner as st date and place, and due to	stated. the cause(e) and manner as stated.
29d. D/	ATE SIGNED (Month, Day, Year)
Batt. MT	71708
	Factor irst, Middle, Malden Sumame, et Frances et Frances Number, City or Town, State, Illow Spri 20c. LOCATION HOWAY Shton Fune on Ave, Ca cerdlec or respiratory of 1. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO Other (Specify) Describe How INJURY of City or Town, State) in delte and place, and due to

TO THE HOSPITAL OR ATTENDING, PAYSICIAN: The law requires that the death certificate be executed within 23 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR AND THE CONTROL HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT. If line is in marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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O THE	O THE	be filed within it have tree with with a state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	MPOR
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	LEONARD P. KUNSM					MONTH I		об 12:35 р. м
,	4. SOCIAL SECURITY NUMBER		MON	UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	214-18-1490 9s. FACILITY NAME (If not institution, give st	1 XM 2 □ F 67				12/25/22		ennsylvania
OR	VAMC,9600 North Po				more (Fo:	rt Howard	9c. COUNTY Balt	imore
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	7	10c. CITY, TO	OWN DR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	Maryland Balt:	imore	Bal	timore				1 TES 2 XND
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	7 Elkhart Court				21237		U.	S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 XYES	IN U.S. ARMED			IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc.
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		2 NO Specify			Specify: WHITE
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU			16b. KIND OF BU	ISINESS/INDUST	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working			
	Elementary/Secondary (0-12)	Contraction of the contraction o	Steam	Fitter		C	onstr	uction
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	Cyrus Kuns	man		16. MOTHER'S NAM	ME (First, Middle, Malde Elean	ore Ka	abler
닒	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING # DI	DRESS (Street a	nd Number or Rural R	Toute Number, City or To	wn, State, Zip Co	de)
2	Mrs. Doris A.	Kunsman	7 E	lkhart	Court	Balto.,	Md. 2	21237
	20a METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remo		b. PLACE OF DISPOSITIO	ON (Name of cer	netery, crematory or	20c. L	OCATION — City	or Town, State
	4 Donation 6 Other (Specify)		Holly Hil	lls Ce	metery	В	alto.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0	Hart	Ley Mi	ller Fun	eral H	Home
	Heatley My.	Da		7527	' Harfor	rd Rd. B	alto.	Md. 21234
\Box	23. PART i. Enter the diseeses, or c	complications that cause	ed the desth. Do not	enter the mo	de of dying such	an nording or son	dente e e e e e e	1 Amenulmete
- 1	shock, or heart failure.	List only one ceuse on			de or dynig, suci	1 as cardisc or real	oratory srrest	
	IMMEDIATE CAUSE (Finsi	List only one ceuse on	eech line.		de or dynig, such	i es ceruisc or ree	oratory srrest	interval Between Onset and Death
		Live	er Carcinom		do or dying, out	as ceruise of res	oratory srrest	interval Between
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IVISION OF VITAL RECORDS, P.O. BOX 13146, p.d. more than the death certificate be executed within 24 more requires that the death certificate be executed within 24 more requirements has been signed by the attending physician and completely filled records.

TO THE HOSPITAL DIPLEM TO THE FUNER Be filed within 72 IMPORTANT: If Hem 2

31. DATE FILED (MONTH), Day, Year)
NOV 1 9 1990

The investment is the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	services as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	der print in State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O NO PHYSICIAN: The law requires that the	or the committee has been signed by the	Starts with the State Dept. of Health and N	s'marked, or item 23 shows any inj

		С	ERTIFI	CATE	F DEAT	ТН	. 200	REG. N	10.			
. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	DAY	YEAR	3. TIME O	F DEATH
THERESA P. KLI	+						11		17	90		
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	YRS.	MONTHS DA		MIN.		OF BIRTH h, Day, Year,		8. BIR	THPLACE (Sta untry)	ite or Foreig
218-10-3364	1 □ M 2×□4F	76	THS.					01/			ARYLA	ND
6. FACILITY NAME (If not institution, give of the second series of the second series of the second second series of the second s					WN OR LOCATI			,	9c. C0	OUNTY OF		
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Never Married 2 Married Widowed 4 Divorced	FORCES?	1 YES 2	NO	If ye	YES 2 NO	ın, Mexica	in, Puarto			Bi	eck, White, etc secily: WHI	C.
15. DECEDENT'S EDU	ICATION	180.0	ECEDENT'S	USUAL OCCU	DATION		161	KIND OF	BUSINESS/	NOUSTEY		1 =
(Specify only highest grade	completed)	C	Give kind of w	rork done durin	g most of worki	ing	100	, KIND OF	BOSINESS/I	MDOSTRI		
Elementary/Secondary (0-12)	College (1-4 or 8		014145					BAKE	- V			
7. FATHER'S NAME (First, Middle, Last)		IBU	UKKE	- P - H	18. MOT	HER'S NA			den Sumame)		
MATTHEW J. PIN	KVE									•		
90. INFORMANT'S NAME (Type/Print)	IVNO	1	9b. MAILING	ADDRESS (St	reet and Numbe		ES N		Town, Stete,			
FRANCES HERGEN	НАНИ				FERT							1200
		20b. PLACI			of cometery, crea		NOL				Town, State	ICUE
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23. PART Venter the diseases, or shock, or heart failure.	complications th	et caused tha d	feath. Do n	22. NAN	CH/RO	SED.	ALE	211 FUNE	CHES ERAL	SACC	AVE	212 proximat
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90 31633 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR Florence Helen Krummeck 12 · 49 PM M November 15 1990 4. SOCIAL SECURITY NUM 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH Dec. 23, 1909 217-26-6760 Md. 80 1 - M 2 X F Sa. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Joseph Hospital Towson Raltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE Md. Baltimore 1 X YES 2 ND 10s. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10t. ZIP CODE 6401 Loch Raven Blvd. 21239 USA 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Mar Will te BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Moore Marie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 C. Richard Krummeck 355 North George Street Hanover, Pa. 17331 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Parkwood Nov.17,1990 Baltimore, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gledlen James F. Gladden James Leonard J. Ruck Inc. 5305 Harford Rd. 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Arterioscleratic Cardiovascular Discan ERN CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 4 - Nurel 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Month, Day, Year) BE 7430

1)0

7600 Osler Drive Suite 315 Towson, Md. 21204

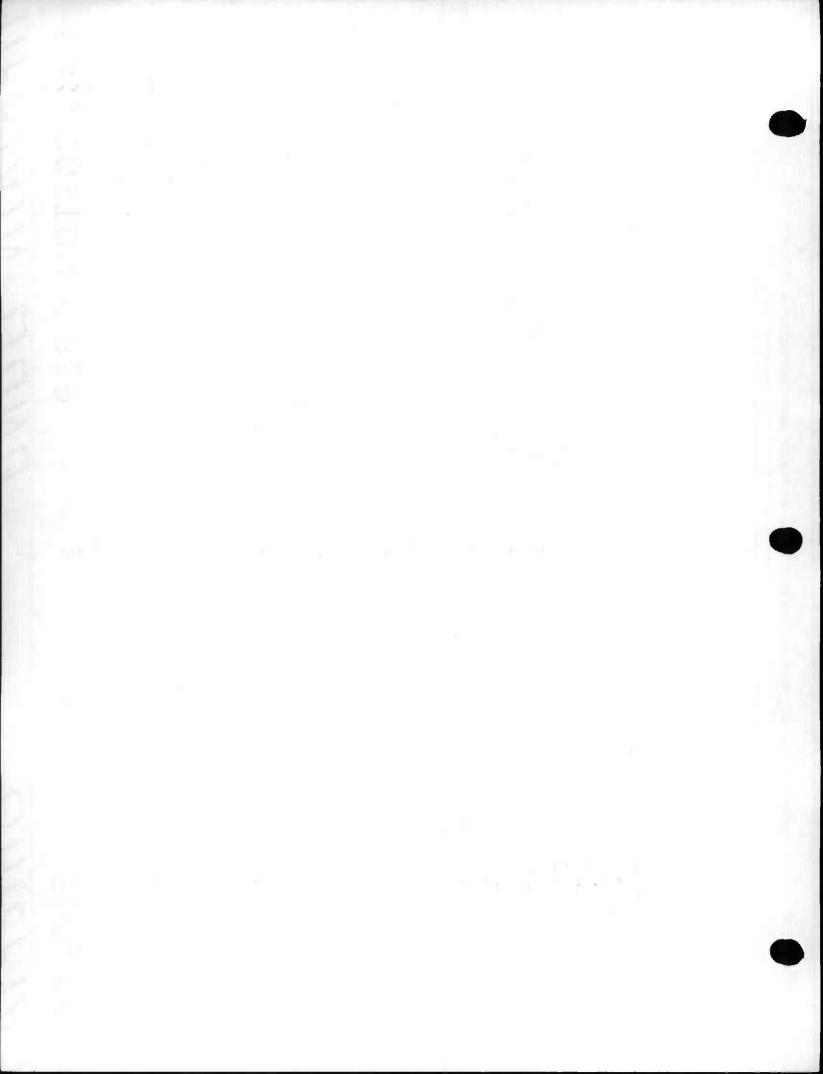
30. NAME AND A PRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE AND SER

Hans J. Koetter MD

9 1990

31. DATE FILED (Month, Day, Year)



MISION OF VITAL RECORDS, F.C. BOX 13146, BALLIMONE, MANTLAND	TO THE HIGHTIM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within come, as after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR Arm this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	wal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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W. C.	THE HOSPIT	THE FUNER	be filed within 72 hours where the State Dept. of Health and Mental Hygiene prior to bunat, cremation, or removal.	MPORTANT	
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31. DATE FILED (Month, Day, Year) NOV 1 9 1990

. DECEDENT'S NAME (First, Middle, Las							E OF DEATH	Y	YEAR	3. TIME OF DEATH
	FANNIE	B. L	EMON			II	16	199	0	
218-18-9830	5. SEX 1 M 2 X F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE (Mon	e of Birth oth, Day, Year) 2-01-19	01	8. BIRTI Count	HPLACE (State or Foreign try) Va
a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF D	DEATH
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0a, STATE Md 10b. COUN	πγ		Ba I	timore	ATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
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1. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XI		If yes, I	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	en, Puerto		or No-	14. RACI Blac Spec	E — American Indian, ik, White, etc.
15. DECEDENT'S EL (Specify only highest gra		/G	ive kind of	USUAL OCCUPAT		16	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12) 9th	College (1-4 or 5 +	Ma	. Do NOT u	se retired.)						
7. FATHER'S NAME (First, Middle, Last) James Robins	on				16. MOTHER'S N. Pearl		Davids Davids			
Ludier Lemon		19	6009	Ritchi	e Highway	Aoute Nur y Ba	mber, city or Town	n, State, Zip Md	212	225
1. SIGNATURE OF FORESTAL SERVICE	W A	/_		M	and address of farch F/H	West	t			el Co, Md
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OR: After the pertition has been signed by the	ther death with the Sare Dept. of Health and I	8 is marked, or liem 23 selows any in
DIRECTOR: After the pertition has been signed by the	hours after death with the State Dept. of Health and I	tem 28 is marked, or tem 23 allows any in
FUNERAL DIRECTOR: After the pertition has been signed by the	within 72 hours after death with the State Digit, of Health and I	TANT: If Item 28 is marked, or Item 23 selows any In-
THE FUNERAL DIRECTOR: After the certifical has been signed by the	be fleet within 72 hours after these with the Saw Days, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be

	1 - STATE REGISTRAR	STATE OF N	IANT LAND	ERTIF					MENIAL	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Paul (2. DATE (OF DEATH		YEAR	3. TIME C	F DEA	тн
	PAUL LEMOINE								NOVE	MBER	Ϊ5,	1990	5:0	7	P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE C	Dev. Year)		8. BIRTH Country	PLACE (St	ete or Fi	preign
	039-28-2288	1X M 2 □ F	43	YRS.	WORTHS	DATE	HOURS	MIN.	09-1	2-47		Rho	de 1	sl	and
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	r, town o	OR LOCATI	ON OF DE	EATH		9c. CO	UNTY OF D	EATH		
8	THE JOHNS HOPKINS	HOSPITA	L		BAI	LTIM	ORE				1				
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	TION					Т	10d. INSI	DE CIT	,
DIRECTOR	New York Col	lumbia		1		tha							1 YES		NO
	10e. STREET AND NUMBER				-		. ZIP COD	E			10g. CI	TIZEN OF W			
FUNERAL	HC Box 62 Hogle	Hill					120	37			τ	JSA			
3	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	LEVER IN U.S.	ARMED	13.		ENDENT	OF HISPAN		? (Specify Yes	or No-	14. RACE	— Americ	en Indi	en,
BY F	1 Never Married 2 🔯 Married 3 Widowed 4 🗋 Divorced	IF YES, GIVE W	AR OR DATES	_ NO				Specifi	in, Puerto R y:	ican, atc.)		Specif	fy:		- 1
	aratesia —		-1970						Torri				Whit	e_	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)		DECEDENT'S (Give kind of life. Do NOT u	work done	during mo		ing	16b.	KIND OF BU	SINESS/IN	NDUSTRY			- 1
٦	Elementary/Secondary (0-12)	2yrs	+)	ırbo			Tech	1 .		Amtr	ack				
<u> </u>	17. FATHER'S NAME (First, Middle, Last)	Lyro	120	AL DO	110	Iu .	_			fiddle, Maiden				_	
	Normand Lemoine	j								Fond					
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a				er, City or Tow	n, State, 2	Pip Code)			-
٩	Catherine M. I	emoine		HC B	ox	62 1	Hog]	le H	ill,	Cha	than	n. N	Υ.	12	037
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remo	und draw Otata	20b. PLAC	CE OF DISPO								- City or To			
	4 Donation 6 Other (Specify)		Me	tro C						В	alt:	imor	e, N	ID	
	21. SIGNATURE OF FUNERAL SERVICE CIC	ENSEE Man	MH		22 C	NAME A	ADDRI	SS OF EA	OCI e	ty o	f Ma	arvla	and		
	George E. M	lacNabb								d.,				21	228
	23. PART i. Enter the diseases, or c	omplications the											Ap	proxim	nata
	ahock, or haart failure. I IMMEDIATE CAUSE (Finel	Liat Dniy Dna cau	ise on each ii	ina.											d Death
	disease or condition resulting in death)	int	evsti	Hal	L.	1116	Um	en'	itis	•			1	3 4	eeks
	,	DUE TO	(OR AS A CON		1									~	Λ.
Z	Sequentially list conditions,	Cooss	() (h	emo	The	eva	PY						40	2W	celes
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CON	SEQUENCE O	IF):		1.	1	41/00	20166	Lin		i		
윤	CAUSE (Disease Dr injury that initiated events	DUE TO	(OR AS A CON	Y 6 W	tva	nsy	1911	+	OVE	java	411	n	+	1110	3.
CERTIFICATION	reaulting in deeth) LAST	chro	nic	mue	1094	2no	113	lei	sker	nia			~	181	nos
	DARY II Coh a algoldings and dides				0			-11	I						
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	e contributing to	death but no	t resulting	in the u	noenyin	g cause	given in	Part I.	PERFO	RMED?	Y 246	AMAILABL COMPLET	E PRIOF	OT F
ă									-	YES :	2 NO		OF DEATH	17	
×									— 1	•			1 - YES	2 1	/NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C)	heck only on	e)	_				
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 D DOA	OTHE 4 Nu	R:			6 🗆 Othe						
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TII	WE OF	29c. IN.	JURY AT		_	CRIBE HOW	INJURY O	CCURED			
ВУР	1 Natural 5 Pending	» (Month, E	rear)	150	JURY	1 🗆	YES 2	□ NO							
	3 Suicide 6 Could not be		OF INJURY AI	home, farm,	street, fa	ctory, offic	ca			ATION (Street or Town, State		ber or Rural I	Route Num	ber,	
TED	4 Homicide datarmined		out (spoony)							or 10411, Glaso	,				
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best o	f my knowledge,	death occur	red at the	time, date	and plac	e, and du	a to the cau	ise(s) and ma	nner as a	tated.			
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination and	or investigati	on, In my	opinion,	death occ	ured at the	e time, data	and place, a	nd due to	the cause(s) and mar	ner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIEF	3,					29c. LI	CENSE NU	IMBER		29d. D.	ATE SIGNED	(Month, D	lay, Ybar)
O BE	Malch	Znta	_ M	D			,	J19	133	>		11-	15-	9 (7
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAU	AR'S SIGNATUR V 1 1	0W C	e, Print)	110	J	H	H /2	Bacto	.ml	2	120	5	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATUR V 1 9 1	990	Julia	David	lson-7	fandel	BL.						

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	e mours at	filled in by	M, or reffi	e medic
13146,	executed within 2	and completely	Dunal, crematic	natic event, ti
P.O. BOX	ath certificate be e	tending physician	al riggiene prior to	or other traum
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	quires that the de	n signed by the at	Health and Mert	ows any injury
VITAL RE	CIAN: The law re-	artificate has been	he State Dept. of	or item 23 sh
ION OF	NOW PHYSIC	this co	WITH I	is marked,
DIVISI	TO THE HOSPITAL OH ATTACHM. PHYSICIAN: The law requires that the death certificate be executed within 24 mouns at	TO THE FUNERAL INTECTOR. The this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hards and with the State Dept. of Health and Mema Hyglene prior to bunal, cremation, or rem	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medic

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		FOR STATE REGISTRAR	STATE OF MARYLA				EALTH AND I			50	0,000
Γ		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH		. TIME OF DEATH
	Ì	Charles	C	LIND	NFR			NOV.	14. 19	90 4	1:44 P M
		4. SOCIAL SECURITY NUMBER		n yrs. lest birth	hday) IF U	MOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	тн		ACE (State or Foreign
		212-24-1853	3€x M 2 □ F 5	7 Y	RS. MON	THS DAYS	HOURS MIN.	12-9-3	52	Mar	yland
-1		9a. FACILITY NAME (If not institution, give stre	et and number)		9b.	CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COU	INTY OF DEA	тн
-1	OR	Franklin Square H	ospital			Ross	sville		Ba 11	timore	County
	2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10	c. CITY. TO	WN OR LOCAT	TION			11	6d. INSIDE CITY
	DIRECTOR	Maryland Ba	ltimore			Peri	ry Hall			1	LIMITS? YES 2 X NO
	- 1	10e. STREET AND NUMBER					I. ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?
	FUNERAL	19 Heathrow Manor	Court				21236	5	Ţ	JSA	
	5		12. WAS DECEDENT EVER IN FORCES? 1 YES				ENDENT OF HISPAN			14. RACE -	- American Indian, White, etc.
-1	BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA				2 X NO Spec//)		ntc.)	Specify:	White
-1		15, DECEDENT'S EDUCA	ATION T	16a DECEDI	FNT'S HSH	AL OCCUPATION	ON	165 KIND	OF BUSINESS/IN	DUSTRY	11112 00
		(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give ki	ind of work of NOT use reti	done during mo ired.)	est of working	1000			
1.	PL	12 years	conege (1-4 of 5 +)	Re	etail	er		MeC	rory's		
ouce	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
7	BE	Charles William I	indner				Rose	L. Lehr	nan		
tiffe	70	19a. INFORMANT'S NAME (Type/Print)	1				and Number or Rural I				3 03076
9		Mrs. Julia C. Lin									and 21236
examiner must be notified at once.		20a. METHOD OF DISPOSITION **EXEMPLE DISPOSITION Remove Company Remove Company Remove R	/al from Stata	other place)	atric	k's C	metery, crematory or emetery		Cumber:		Maryland
ner		21. SIGNATURE OF FUNERAL SERVICE LICE	-			22. NAME A	ND ADDRESS OF FA	CILITY	200		
ехаш		Jasselw Fr	eneral Hon	ne-			l Belair			1. 21	236
ical		23. PART i. Enter the diseases, or co			Do not a						Approximate
other traumatic event, the medical		ahock, or heart failure. Li iMMEDIATE CAUSE (Final	lat only one cause on e	ach lina.		^	1				Interval Between Onset and Death
a t		disease or condition resulting in death)	Sudden	\subset	an	Diac	. De	ath			
even			DUE TO (OR AS A	CONSEQUE	NCE OF):	Lile	(N.I.				
atic	S	Sequentially list conditions,	DUE TO (OR AS A	(a)	HOE OF	trino	Hulia	_			1
man	Ĭ.	if any, leading to immediate cause. Enter UNDERLYING	Anniho	CONSEGUE	(10)	200 Di	7 9	ntas	T.		
her	윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUE	NCB OF):	w Chr.		- Cource			
0r 0t	ERTIFICATION	resulting in death) LAST			f						
2	0	PART II. Other aignificant conditions	contribution to death h	ut not man	Iting in th	ne underlyln	na cause aiven in	Part I. 24s.	WAS AN AUTOPSY	24h)	WERE AUTOPSY FINDINGS
shows any Inju	MEDICAL	TAIT II. Out any any and a conditione	Continuently to death o	at not road	iting it to	io diluariyii	ig cades given in		PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
22								— [¹□	YES 2 NO		OF DEATH?
								-		- '	I TES Z NO
Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C)	heck only one)			
	SIC	1 YES 2 NO	HOSPITAL: V V 1 Inpatient 2 (TER/Outp	oatient 3 🗆 I	DOA 4 [THER: ☐ Nursing Hor	ne 6 🗆 Rasidence	6 Other (Spe	city)		
10,00		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26	Bb. TIME OF	28c. IN	JURY AT ORK?	28d. DESCRIBE	HOW INJURY O	CCURED	
marked,	ВУ	1 Netural 5 Pending 2 Accident Investigation			7.00		YES 2 NO				
28 is	8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, clfy)	farm, stree	it, factory, offi	ce	28f. LOCATION City or Tow	(Street and Numb n, State)	ar or Rumal Ro	ute Number,
Item	LET	29a. CERTIFIER 1 CERTIFYING PHYSIC	JAN: To the best of my know	riedge, death	occurred at	t the time, det	e and place, and due	to the cause(a)	and manner es si	inted.	
200	COMPL	one)	3: On the beals of examination								and manner as stated.
MPORTANT:	BE C	290. BIGHATURE AND TITLE OF CERTIFIER	eu S	H.I	> _		29c. LICENSE NU	MBER US	29d. D/	TE SIGNED	Month, Dey, Year)
=	2	30. NAME AND ADDRESS OF PERSON WHO								1 (10	
1		Dr. Goldman (653-1	1860) Frankl	in Sq	uare	Hospi	tal 9000	Frankl	in Sq.	Dr. 2	21237

32. REGISTRAR'S SIGNATURE Julia Davidson-Randall

The Companion of the Co

90 31637

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1 DECEDENT'S NAME (First Middle Last) 3 TIME OF DEATH 2. DATE OF DEATH NOVEMBER 16, ROBERT MCKINNEY 1990 5:28P 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign May 15, DAYS HOURS MIN. 411 54 5644 M 2 F YRS. 1936 North Carolina should Se. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE Pages 1, 2, 3 BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Baltimore Essex 1 YES 2 100 permit. 10g, CITIZEN OF WHAT COUNTRY? FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 21 Walkern Road 21221 USA the hospital or attending physician. 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 1000 Specify: 1 Never Married 2 DOMorried IF YES, GIVE WAR OR DATES Specify White BY 3 Widowed 4 Divorced 8 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for Owner Restaurant-Tavern 18. MOTHER'S NAME (First, Middle, Maiden Sumerne) 17. FATHER'S NAME (First, Middle, Last) Samuel McKinney retained by the Ella Herrell 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21 Walkern Road Baltimore, Maryland Karen McKinney Wife 2 99 20e. METHOD OF DISPOSITION
ACCEPTED 12 Cremetton 3 Removal from State
4 Donation 51 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State after death. Page 6 may must funeral director, Holly Hill Memorial Gardens Middle River. Marvland 21. SIGNATURE OF FUNESAL SERVICE SICE 22, NAME AND ADDRESS OF FACILITY examiner Bruzdzinski Funeral Home PA Xuchory 1407 Eastern Ave. Baltimore. Md. 21221 by the f medical Approximata 23 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo shock, or heert fallura. List only one cause on each line. interval Between Onset end Deeth IMMEDIATE CAUSE (Finel HEARL the disease or condition resulting in death) FAILURP the death certificate be executed within event. DUE TO (OR AS A CONSEQUENCE OF): TRESSEL 10 min PULMONZA 10 traumatic CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING HBS PENTRICUL AR CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ande 315 6 Injury. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE Late has been signed by ""State Dept. of Health"

"M 2" PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. WAS AN AUTOPSY MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Impatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 6 | Residence 6 | Other (Specify) 1 YES 2 NO 0 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNER QE DEATH 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 6 Pending Investigati 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28 Is 6 Could not be COMPLETED 4 Homicide OR ATTEN Hem 29a, CERTIFIER 1 DENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. FUNERAL (= 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner se stated. IMPORTANT: 29d. DATE SIGNED (Worth, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 포 8 A31641 16 1month 223 2 30. NAME AND ADDRESS OF PERSON WHQ COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Moreth, Day, Year)
NOV 1 9 1990 32. REGISTRAR'S SIGNATURE

Savidson

Mandelle

BALTIMORE, MARYLAND 21203-3146

RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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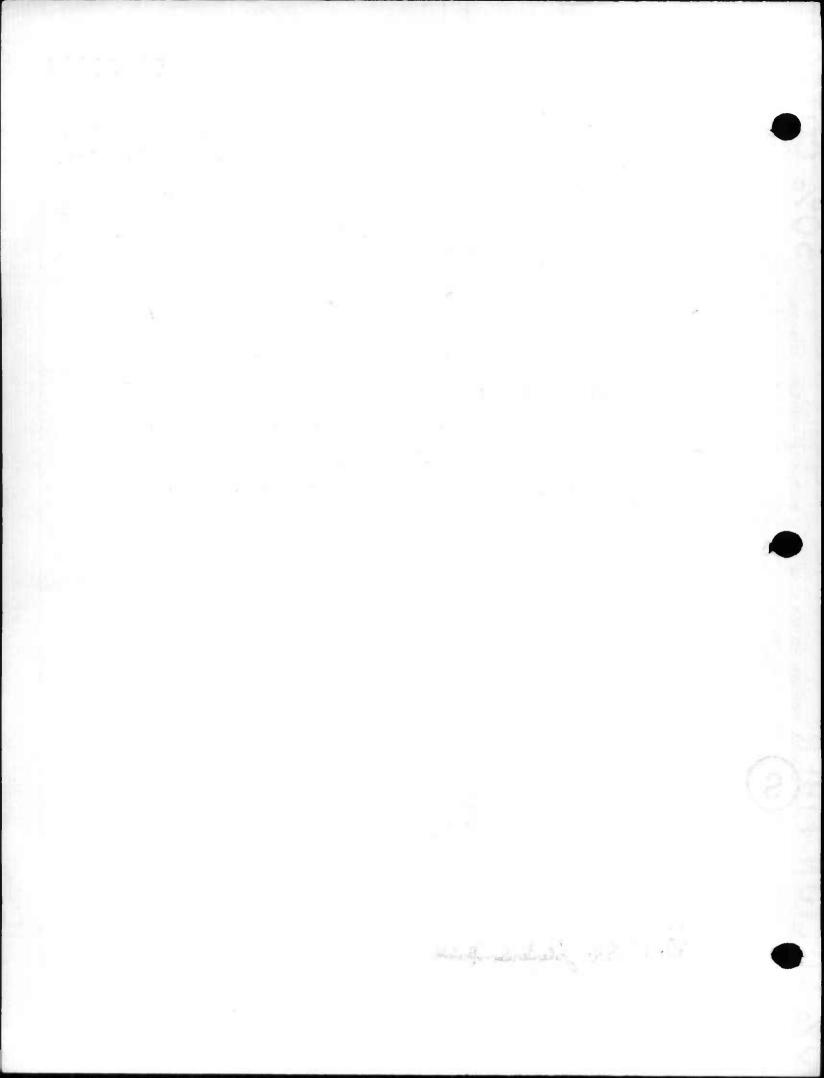
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RECORDS, P.O. BOX	on armitment the transfer of the law requires that the death certificate by
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H.	7	10e. STREET AND
8	Z	1570 C
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sicia ial-tr	5	11. MARITAL STAT
Par par	>	1 Never Marrie
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lage 6 may be retained by the hospital or attending phycician. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should er must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
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6 m		Burial 2 4 Donation
age dire		21. SIGNATURE O
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Sich of the wirequires that the death certificate be executed within Mus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transform of the principle of the site of Health and Mental Hygiene prior to burial, cremation, or removal.		23. PARD 1. En
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Sich The w requires that the death certificate be executed with the completely that the properties and completely that the proof of Health and Mental Hygiene prior to burial, cremation is thows any Injury, or other traumatic event,	HYSICIAM: MEDICAL CERTIFICATION	
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56	>	1 Netural 2 Accident
MY.	8	3 Suicide
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0 25 7	립	29a. CERTIFIER (Check only
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STATE	0F	MARYLAND	/ D	EPARTI	MENT	0F	HEALTH	AND	MENTAL	HYG	IENE
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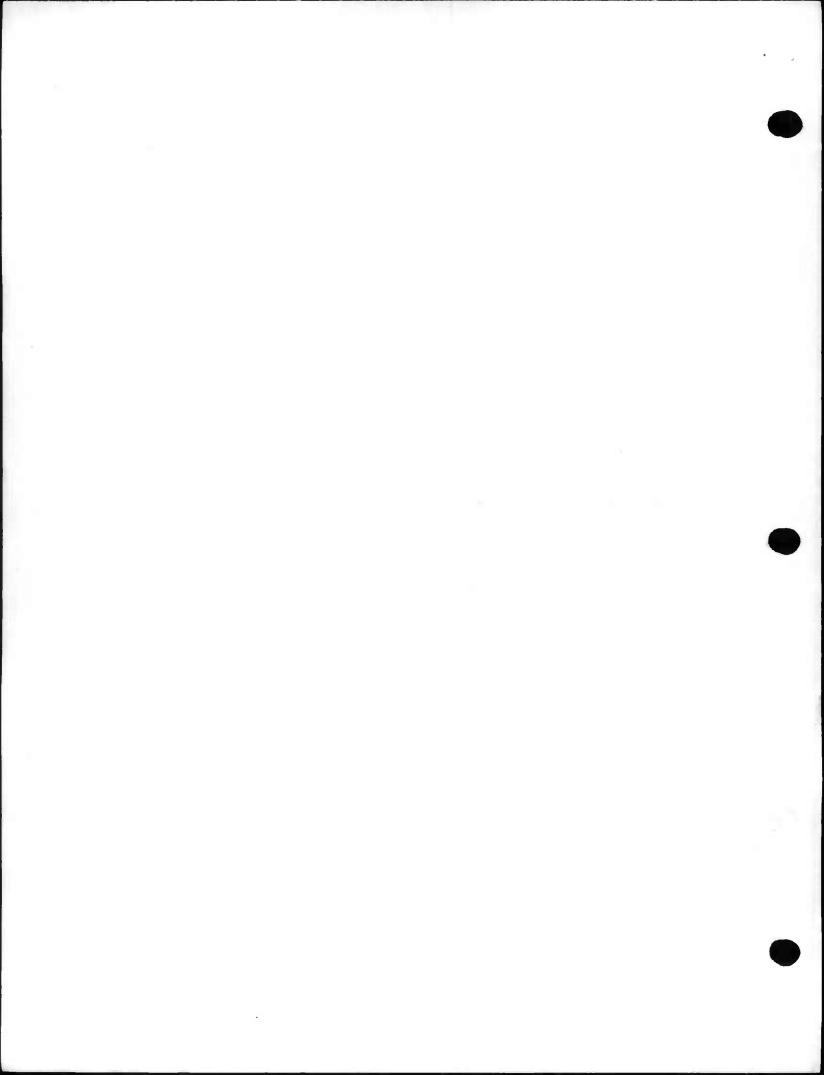
REGISTRAR 1. DECEDENT'S NAME (First, Middle	10, Last) (Helen	Crace V		DLAIN		OF DEATH).	1.	TIME OF DEATN
HELEN MCNAI		Grace N	1º NOIP)		2. DATE MONTI	H D	18 - 9	/EAR	6:30 A
4. SOCIAL SECURITY NUMBER 219-40-4929	1 🗆 M 2 🗆 💢 F	AGE (In yrs. last birthday) 59 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	05	OF BIRTH	931	couSOU	CE (State or Foreign TH CARO.
98. FACILITY NAME (If not institution GREATER BALTI RESIDENCE OF DECEDE	MORE MEDICAL	CENTER	96. CITY, TOWN O	ON LOCATION OF D	EATN		9c. COUNTY BAL	LTIMO	
	COUNTY	10c. CIT	BALTIMO						1. INSIDE CITY LIMITS? LYES 2 NO
100. STREET AND NUMBER 1570 CARSWELL	STREET		101	21218			10g. CITIZEI	1, S	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxico 2 NO Specia	en, Puerto I		s or No 14	Black, W	
15. DECEDEN (Specify only highe Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	s usual occupation work done during mouse retired.)	ON set of working	166 B		ISINESS/INDUS		
17. FATHER'S NAME (First, Middle,	lie Wes	†	7710	18. MOTHER'S NA		-110.	Surname)	ott	
19a. INFORMANT'S NAME (Type/Pri	Va+Kins	19b. MAILIN	G ADDRESS (Street a	nd Number or Rural	Route Num	ber, City or You	vn, State, Zip Co		-1218
20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 4 Donation 5 Other (Spec	olfy)	20b. PLACE OF DISPO	rbutu.	S		B 20c. LC	alto.,	Md	State
21. SIGNATURE OF FUNERAL SER	TVICE LICENSEE		22. NAME AI	ND ADDRESS OF F	CILITY		0		
23 BARY Enter the disease	es or completions that on	ton	1701	Laurens	ST.	Balt	6. Ma	. 1	1217
	es, or complications that ce feliure. List only one cause of DUE TO (OR	on eech iina.	not anter the mo	da of dying, suc	ST:	Ba H	6. Ma	. 1	Approximate interval Batwee
shock, or heart is immediate cause. Enter UNDERLYING	a. RESSOURCE TO GOR b. METAS DUE TO GOR c.	AS A CONSEQUENCE OF	not anter the mo	da of dying, suc	ST:	Ba H	6. Ma	. 1	Approximate interval Batwee
shock, or heart is immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. RESSOURCE TO GOR b. METAS DUE TO GOR c.	AS A CONSEQUENCE OF	not anter the mo	da of dying, suc	ST:	Ba H	6. Ma	. 1	Approximate interval Batwee
shock, or heart is immediate. CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. RESSOURCE TO GOR b. METAS DUE TO GOR c.	AS A CONSEQUENCE OF	not anter the mo	Laurens oda of dying, such WF T CAT	Mor ST. Sthese con	Bald diac or reap	B., MA Diratory arres	24b. WE AM CO	Approximate interval Batwee Onset and Deat Week week
shock, or heart is immediate. CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. RESTORE TO COR b. DUE TO COR c. DUE TO COR d.	AS A CONSEQUENCE OF	not anter the mo	Laurens oda of dying, such WF T CAT	Mor ST. Sthese con	Ba H diac or reap	B., MA Diratory arres	24b. WE AM CO	Approximate interval Batwee Onset and Deat Week week
shock, or heart is immediate. CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the conditions in	a. LESS DUE TO (OR DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	AS A CONSEQUENCE OF AS A C	not anter the mo	Daurens oda of dying, such CAT G cause given in	M o R ST. Ch se central	Ba H diac or reap 24a. WAS AI PERFO 1 □ YES	B., MA Diratory arres	24b. WE AM CO	Approximate interval Batwee Onset and Deat Week week
shock, or heart is immediate. CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the cause	a. Let only one cause of DUE TO (OR DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	AS A CONSEQUENCE OF AS A C	not anter the mo	Qurens oda of dying, such CAT General Section of the section o	Part I.	Ea H diac or reap 24a. WAS AI PERFO 1 □ YES	B., MA Diratory arres	24b. WE ANN CO OF	Approximate interval Batwee Onset and Deat Week week
shock, or heart in the property of the propert	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d.	AS A CONSEQUENCE OF THE CONSEQUE	not anter the mo	Qurans oda of dying, such CAT Garage Grant (C) CAT CAT Garage Grant (C) Cone 5 Rasidenca JURY AT ORK? YES 2 NO	ST. ch se cerr C. A Part I. 6 Other 28d. DE	24a. WAS AI PERFO	N AUTOPSY RAMED? 2 NO INJURY OCCUI	24b. WE AM COOP	Approximate interval Batwee Onset and Deat Week week
shock, or heart in the property of the propert	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR DUE TO	AS A CONSEQUENCE OF AS A C	not anter the mo	g cause given in LACE OF OEATH (C) TO Residence JURY AT PKS 2 NO ca	Part I. 6 Oth 28d. DE:	24a, WAS AI PERFO 1 VES OF (Specify) SCRIBE NOW CATION (Street or Rown, Stell	N AUTOPSY PRMED? INJURY OCCUI	24b. WE AM CO OF 1 [Approximate interval Batwee Onset and Deat UNCER. I WEEK I WE WE WE WE WE WE WE WE WE WE WE WE WE
shock, or heart in the property of the propert	DUE TO (OR a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE TO	AS A CONSEQUENCE OF AS A C	not anter the mo	g cause given in LACE OF OEATH (C) TO Residence JURY AT PKS 2 NO ca	Part I. Part I. Consider the case of time, dieta	24a. WAS AI PERFO 1 TYES Per (Specify) SCRIBE NOW CATION (Street or Town, Steet	N AUTOPSY RMED? 2 NO INJURY OCCUI	24b. WE AM COOF 1 [Approximate interval Batwee Onset and Deat UNCER. I WEEK I WE WE WE WE WE WE WE WE WE WE WE WE WE

DHMN-16 Ray 1/89



STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI		MENT OF I		MENTAL HYGI		0 01009	,	
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	1	3. TIME OF DEATH		
1	John M	OBLEV				Novembe		990 3:45P	м	
		5. SEX 6. AGE (In	8.	BIRTHPLACE (State or Foreign Country)						
	216-10-2904	1 🖳 M 2 🗆 F	75 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yea 6-19-1		Md.		
	9a. FACILITY NAME (If not institution, give street	et and number)	, ,	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY			
DIRECTOR	Franklin Square Hosp.							timore County	V_	
	t0e, STATE t0b, COUNTY		tOc. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY	\neg	
8	Md. Bal	to					LIMITS?			
	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?		
FUNERAL	6216 Hamilton Ave				21237	Δ				
3		12. WAS DECEDENT EVER IN U	U.S.ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify		. RACE — American Indian.		
	1 Never Merried 2 X Merried	FORCES? t YES IF YES, GIVE WAR OR DAT			ecify Cuben, Mexices 3 2 X NO Specify)	Specify: White		
BY	3 Widowed 4 Divorced				**			WILLE		
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION (1)	16e. DECEDENT'S (Give kind of w	JSUAL OCCUPATI ork done during m retired.)	ON ost of working	t6b. KIND OF	BUSINESS/INDUS	TRY		
9	Elementary/Secondery (0-12)	College (1-4 or 5+)	ilfe. Do NOT use	retired.)						
₩	7		Truck I)river			m Car Lo	nading		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Me	iden Surname)			
B	Ralph Mobley		_			Gerhold				
၉	t9e. INFORMANT'S NAME (Type/Print)		285000000000000000000000000000000000000	,	and Number or Rural F			,		
-	Carolyn M. Mobley				on Ave.				_	
	20s_METHOD OF DISPOSITION 1	al from State	other place)		metery, cremetory or		LOCATION — CIT	• • • • • • • • • • • • • • • • • • • •		
	4 Donetion 6 Other (Specify)		ardens o		ND ADDRESS OF FA	В	alto., N	1d.	_	
	A PONENIE SERVICE CICE	5 /)			C. Miller					
	Moman &	-RAS			Belair Rd		Md. 2	1206		
	23, ART i. Enter the diseases, or con shock, or heart fellure. Li			ot enter the m	ode of dying, suc	h es cardiec or r	espiretory srres	t, Approximate interval Between	MAD.	
	IMMEDIATE CAUSE (Fine)	or only agreement	on mio.					Onset and De		
	disease or condition resulting in deeth) e. Brain Stem Infarction									
	e. Brain Stem Infarction Due to (or as a consequence of):									
Z	Sequentially list conditions, Cerebro Vascular Accident									
Ĕ	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury C.	DUE TO (OR AS A (CONSEQUENCE OF	١٠						
Ē	thet initieted events resulting in desth) LAST	202 70 (011 710 71		,.						
CEI	d.									
AL	PART II. Other significent conditions	contributing to deeth bu	t not resulting i	n the underlyi	ng ceuse given in		S AN AUTOPSY	24b. WERE AUTOPSY FINDIN	IGS	
						t 🗆 YE	s 2 □Xo	COMPLETION OF CAUSE OF DEATH?	E	
NE I								t 🗌 YES 2 🗎 NO		
ä										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)				
VSI		tX Inpetiant 2 - ER/Outpe	itient 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Reeldence	6 Other (Specify)			
PH	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK?	26d. DESCRIBE H	OW INJURY OCCU	RED		
ВУ	t Netural 6 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specif		treet, fectory, off	ce	26f. LOCATION (S City or Town,	treet end Number or State)	r Rural Route Number,		
COMPLETED										
P	(Greek only	IAN: To the best of my knowle	idge, death occurre	d at the time, da	e end place, end due	to the cause(e) en	d menner ee stated	ł.		
ON	one) 2 MEDICAL EXAMINER	On the basis of examination	and/or investigation	n, in my opinion,	death occured at the	time, date and place	a, end due to the	cause(e) end manner ee stated	d.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	N/	,,		29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)		
	Mada	Kuual	1				1	110190.		
5	30. NAME AND ADDRESS OF PERSON WHO	/	TH (ITEM 27) (Type,	Print)						
		Kiwan, M.D.			9000	Franklin	n Square	Drive-21237	'	
	NOV 1 9 1990	Ja. REGISTRAR'S SIGNA								



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH	TAL H
COCOCCATA MARKET COLOR AND AND AND AND AND AND AND AND AND AND		

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	200			2. DATE OF DEATH	YEAF	3. TIME OF DEATH				
	CARL H.	MAJECZ	<y< td=""><td>Nov. 11</td><td>1990</td><td>9:55 P. M.</td></y<>	Nov. 11	1990	9:55 P. M.					
	4. SOCIAL SECURITY NUMBER		yrs. leal birthday) IF UI MONT	7. DATE OF BIRTH (Month, Day, Year)	8. Bir	TTHPLACE (State or Foreign untry)					
	9a. FACILITY NAME (If not institution, give	128 M 2 🗆 F 8 C	YRS.	DAYS HOURS MIN.	APRILAO	9c, COUNTY OF	arylano				
æ	Mr. Pacici Phame (il not institution, give	HAMILTON	7		PEATH	9c. COUNTY OF	- DEATH				
DIRECTOR	RESIDENCE OF DECEDENT			DALI I MORE							
E	10a. STATE 10b. COUNT	Y	10c. CITY, TOV	N OR LOCATION			10d. INSIDE CITY LIMITS?				
	100. STREET AND NUMBER	Primore	TAC	101, ZIP CODE		10a. CITIZEN O	1 TYES 2 NO				
ERA	2805 00	YX ROAD		21231	.	D.5	. A.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic		or No- 14. R/	ACE — American Indian, lack, White, atc.				
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TES 2 NO Spec		54.4	pecify:				
- 1	15. DECEDENT'S EDI	JCATION	18a. DECEDENT'S USUA	L OCCUPATION	16b. KIND OF BUS	INESS/INDUSTR	OAIII				
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work d life. Do NOT use retir	one during most of working ed.)	~	_	2:				
MP	12 YRS-		1 (A)	1.0	MAR	المتا	IARLITA				
	17. FATHER'S NAME (First, Middle, Lest)	Mariank	· /	16. MOTHER'S N	AME (First, Middle, Meiden S	ROWA					
BE	19a. INFORMANT'S NAME (Type/Print)	1 (MA)	19b. MAILING ADD	RESS (Street and Number or Rura							
5	FAMILY 1	RECORDS	Se	ame As	ABOVS						
	20a, METHOD OF DISPOSITION Burial 2 Cremation 3 Rer	noval from State	PLACE OF DISPOSITION other place)	(Name of cemetery, cremetory or	20c. LOC	OCATION — City or Town, State					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	ARKWO	22. NAME AND ADDRESS OF F	ERY MAI	RKVIII	2110.				
	100	1		EVANS CHA	3030 129	mori.	23				
	23. PART i. Enter the diseesee, or	1 6020 7 d	the death Decester	3800 HAR	FORD KO	AQ - F	ARKVILLE				
	shock, or heart fellure	. List only one ceues on ee	ch iine.	ner the mode of dying, su	cii sa cerdiec or reepii	atory errest,	Approximate interval Between Onset and Death				
	diseese or condition resulting in deeth) o. Myelomu										
	resulting in deeth)										
N	Sequentially list conditions,										
ATIC	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING										
IFIC	CAUSE (Disesse or injury that initieted events	CDUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in deeth) LAST	d									
	PART ii. Other significent condition	ns contributing to deeth bu	it not resulting in th	underlying couse given i			24b. WERE AUTOPSY FINDINGS				
S	CHF				PERFOR	2.0	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEC	me	m					1 YES 2 NO				
N.	- Rem	entra									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C							
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28s. DATE OF INJURY	28b, TIME OF	Nursing Home 5 Residence 28c. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED)				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO							
	3 Suicide 8 Could not be	25s. PLACE OF INJURY	— At home, farm, atreet	factory, office	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,				
ETE	4 Homicide detarmined										
COMPLETED	coel -	SICIAN: To the best of my knowl									
	2 MEDICAL EXAMIF	NER: On the beals of exemination	and/or investigation, in				74 5 15 15 15 15 15 15 15 15 15 15 15 15 1				
296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER											
	1000-14-11	TI JULI IVII									
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	-	0 /		v.12,1996				
2	OR HOWARD	H. Bono	9618	BELAIR	ROAD - F		HALL				
10	30. NAME AND ADDRESS OF PERSON W OR HOWAR 31. DATE FILED (Month, Day, Year) NOV 1 9 1990	211 0 0	9618 ATURE	-	Ropo - F		HALL				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	lyn Marie		NI	PPER	2. DATE OF DI	EATH DAY	3. TIME OF DEA	тн	
i		iji Malie		1				90 12:5	0 P	
,	4. SOCIAL SECURITY NUMBER 217-20-6421	1 🗌 M 2 🕮 F	in yrs. lest birthdey) _ 61 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Dey, April	7, 1929	. BIRTHPLACE (State or Foreign Country) Maryland		
OR	90. FACILITY NAME (If not institution, give at Franklin Squar				ville	ATH	9c. Co	ITIMOre		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c CITY	, TOWN OR LOCAT	ION			10d. INSIDE CIT	v -	
DIRECTOR	Maryland Baltimore				White	marsh		1 TYES 2 NO		
FUNERAL	100. STREET AND NUMBER	Red Lion Rd.		101. ZIP CODE 10g. CITIZEN OF U.S.						
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 K NO	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Blace						
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade	CATION completed?	16e. DECEDENT'S	USUAL OCCUPATION	ON et of working	16b. KINO	OF BUSINESS/II	IDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 6+)		rork done during mo e retired.)	or or working					
MP	9 yrs.		House	wife			Home	9		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
BE		dward Greave:	r		I:	rene	Lo	ckner		
10	Mr. Claude A. Ni	pper			on Rd.					
	204_METHOD OF DISPOSITION T\ Burtlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	other place) Ho	PLACE OF DISPOSITION (Name of cametery, cremetory or other place) Holly Hill Mem. Gar. 20c. LOCATION — City or Town, State Middle River, Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICE E, F, Jack			Belair	E		ahn Funeral e,Md. 21087			
	23. PART I. Enter the diseases, or		d the death. Do n				-			
	ahock, or heart fallure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. My o Cox d / 2 / Ju for Cox d / 2 / J									
_	out to (or as a consequence of):									
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
CE		d								
MEDICAL	PART II. Other algnificant condition	na contributing to deeth t	out not resulting i	in the underlyin	g cause given in		WAS AN AUTOPS PERFORMED? YES 2 PHO	24b, WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF OEATH? 1 YES 2	R TO CAUSE	
ä										
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 TYES 2 NO	1 Inpetient 2 ER/Out		4 - Nursing Hor	ne 5 PResidence					
ву РН	27. MANNED OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	URY W	DRK? YES 2 NO	28d. OESCRIE	E HOW INJURY (CCURED		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, Street									
COMPLETED	CONSTRUCTION CONTRACTOR CONTRACTO	ICIAN: To the best of my know							stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	i La	- M.	n	29c. LICENSE NUI		29d. D	ATE SIGNED (Month, Day, Year)	1)	
5	30. NAME AND ADDRESS OF PERSON WE William A. Pysor	10 MD (5/2-910	EATH (ITEM 27) (Type, 08) Corne	Print)			mce Kir	11-13-50 2108 gsville, Md.	1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG								
NOV 1 & 1990 Guka Davidson-Randalle										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the part of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

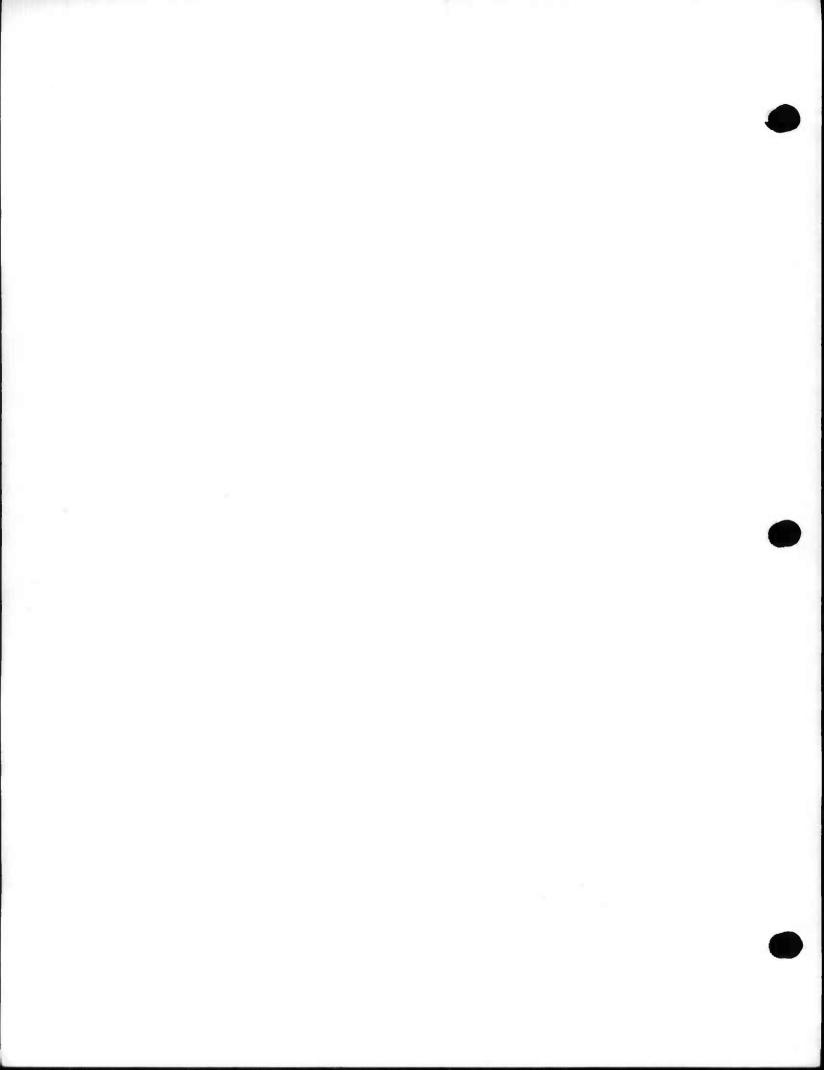
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Program impecian.

באבו ושטוב, שוטוו ואסו	r death. Page 6 may be retained by the In-	ne funeral director, page 5 should be detact	examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 years after death. Page 6 may be retained by the inc	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be details and within 75 hours after death with the State hear of Health and Mental Hodiere prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND N	MENTAL HYGIE REG. N	- al	30 31642	
	1. DECEDENT'S NAME (First, Middle, Lest)	I Ost	endo	K F			DAY 5	YEAR 90 0655 M	
Ì		5. SEX 6. AGE (I	for yrs, lest birthday) SO yrs.	IF UNDER 1 YEA		7. DAYE OF BIRTH (Morith, Day, Year) 7-27-/	0	8. BIRTHPLACE (State or Foreign Country) Balto City	
OR	90. FACILITY NAME (If not institution, give stre Anne Arundel M		c	9ь. сіту, тоу А п	АТН		ne ArundelCo²		
DIRECTOR	10e. STATE 10b. COUNTY MD A	A County		napol		10d. INSIDE CITY LIMITS? 1 ** YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 705 American	Drive			101. ZIP CODE 2 1 4 0 3		1 1	ZEN OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 23 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECEMDENT OF HISPAN If yes, specify Cuban, Mexical 1 YES 2 NO Specify				n, Puerto Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		rork done during e retired.)	g most of working	16b. KIND OF 8			
MP	Y C S 17. FATHER'S NAME (First, Middle, Last)		Perso	nnel	Manager 16 MOTHER'S NA	Reti:			
	OLIVER MILTO	N BROOKS			AGNES	BROOKS	,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Str	eet end Number or Rural i	Route Number, City or T	own, State, Zip	Code)	
٩	Audrey Dillo		_		e Ct, Co			21030	
	20a. METHOD OF DISPOSITION 1 Disposition 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State other place)								
	21. SIGNATURE OF FUNEILAL SERVICE LICE	RONALD	WADE	22. NAM	E AND ADDRESS OF FA	STATE	E ANA	TOMY BOARD	
	r-mays	Wille 11	10/20	655	W. Balt	o St.,B	alto,	MD 21201	
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting to death)								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST a. DUE TO (OR AS A CONSEQUENCE OF): b. FATI HOLD GIC FRANCI GINE OF LEFT HOLD GIVEN CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): pue TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. d.								
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions	contributing to deeth b	out not resulting	in the under	lying ceuse given in	PERF	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH (C/	neck only one)			
YSIC	1 TYES 2 NO	1 - Inpatient 2 - ER/Out			Home 5 - Residence				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY	WORK?	28d. DESCRIBE HO	W INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		atreet, factory,	office		CATION (Street end Number or Rural Route Number, ly or Town, State)		
COMPLETED	(Critical county	CIAN: To the beat of my know						nted. the cause(e) end menner as atlated.	
BE	296. BIGHATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) \$\int 1/5 - 90\$							
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE). 25.	SHOW	151. Al	WAPOL	415,1	Mo 2140)	
	NOV1 9 1990	22. REGISTRAR'S SIGNATURE							

31642

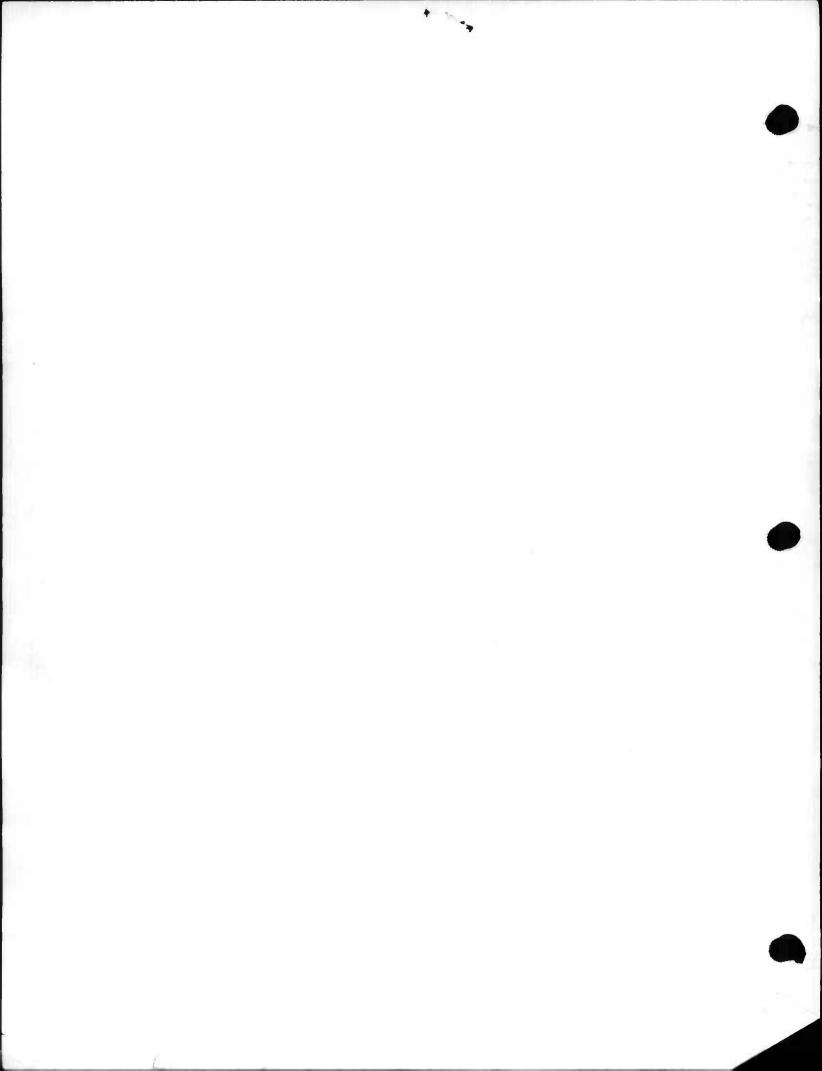


	1 - STATE REGISTRAR	SIATE OF MARYLA	CERTIF					TENTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) DEBRA POWELL							2. DATE OF DEATH NOVEMBER	b, 19	996	3. TIME OF DEATN 11:05 p.mm	
	070 11 00(1	6. AGE (In	yrs. lest birthday) 8 YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 - 9 - 5 2		8. BIRTHPLACE (State or Foreign Country) New York		
OR	9a. FACILITY NAME (If not institution, give atreet a THE JOHNS HOPKINS			R LOCATION ORE	ON OF DE		BALT	ITY OF D				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C			alt	imore Cit	- v		10d. INSIDE CITY LIMITS?	
	10s. STREET AND NUMBER	o City		04 F		ZIP CODE		imore Cit Street 2	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 12.									USA. a or No.— 14. RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION	IF YES, GIVE WAR OR DAT	TES				Specify:	16b, KIND OF BUS	INESS/IND	Speci	Black	
COMPLETED	(Specify only highest grade comp		(Give kind of life. Do NOT u	work done			g	ioux initio or occ				
S	17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NAM	NE (First, Middle, Maiden S	Surname)			
BE (OWELL					MAT		LING			
6	19a, INFORMANT'S NAME (Type/Print)		- 1 m / m					loute Number, City or Town				
	VIOLA GILL , 1504 E. Federal Street 21213 20a. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State											
	4 Donetion 6 Other (Specify) In 21. SIGNATURE OF FUNERAL SERVICE LICENSE		_	22.	NAME AN		SS OF FAC	No. allera	ANAI	COMY	BOARD	
	(655 W. Baltimore St, Balto, MD 21201											
	23. PART I. Enter the diseases, or companies. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that caused only one ceuse on ea	ch line. I STEH	1 D			ing, auch	n as cardiec or reapi	ratory am	rest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERT	resulting in death) LAST d. HIV(+) 5 ments											
MEDICAL	PERFORMED? AMAILABLE COMPLETE									AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
2											1 NES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		ОТНЕ		ACE OF D	EATN (Chi	eck only one)				
YSI	1 VES 2 NO 1	Impatient 2 - ER/Outpa	_	4 🗆 Nu	reing Non		esidence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY	1 🗆	YES 2 [□ NO	28d. DESCRIBE NOW II				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, fec	tory, offic			281. LOCATION (Street a City or Town, State)	and Number	or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O										a) and manner as stated.	
BE	290. SIGNATURE AND PITLE OF CERTIFIER	e plea	lical	Res	BUC		ENSE NUI	6 (1, 9)		/	(Month, Day, Year)	
2 SO, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S. P. G. H. N. E. TOWER I D. JOHNS HOPKINS HOSP.												

BALTIMORE, MARYLAND TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the TO THE FUNETAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at DIVISION OF VITAL RECORDS, P.O. BOX 13146,

in the burial-transit permit. Pages 1, 2, 3 should

DNMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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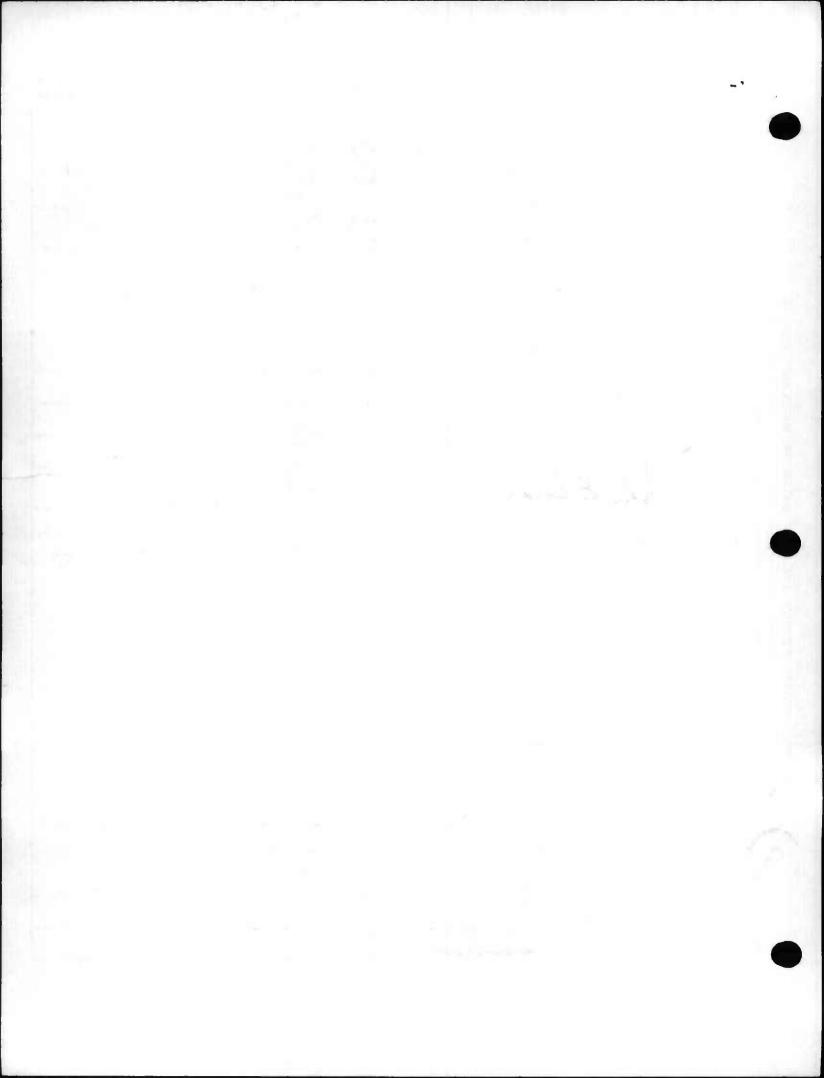
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ector, page 5 sho		must be notif
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	moval.	cal examiner
pletely filled in b	cremation, or rer	ent, the medi
nysician and com	the strain with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r traumatic ev
y the attending p	d Mental Hygieni	Injury, or other
s been signed by	ept. of Health an	3 shows any
nis bertificate ha	vith the State D	red, or item ?
ECTOR, mer th	death v	m 28 is mari
TO THE FUNERA DIR	be filed within 72 Think at	IMPORTANT: il item 28 is marked; or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Lest)	Peace	Jr.	1				2. DATE MONT	OF DEATH	'Y C	YEAR	3. TH	ME OF DEATH	
23	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. In	last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH					(State or Foreign	199	
	217544	378	1 M 2 - F	40	YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	th, Day, Year)	50	Count		RGINIA	
	Se. FACILITY NAME (If not in	stitution, give a	street and number)	,		9b. CIT	r, TOWN C	OR LOCATION OF DE	EATH		V -	NTY OF D		MILITA .	_
OR	Mercy Medical center BALTIMORE														
DIRECTOR	RESIDENCE OF DEC	10b. COUNT				Y, TOWN	OR LOCAT	TION					10d.	INSIDE CITY	_
8	MARYLAND				BA	LTIN	ORE							YES 2 NO	
A	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	ZEN OF	WHAT C	COUNTRY?	
FUNERAL	1608 E.	BIDDLE						21213			_	S.			
	11. MARITAL STATUS 1 Never Merried 2 X	Merried		YES 2			If yes, sp	ENDENT OF HISPAI ecify Cuban, Mexico	n, Puerto		or No—	Blac	k. White	nerican indian, e, etc.	
B	3 Widowed 4 Divo	rced	IF YES, GIVE V	MAR OR DATES			1 [] YES	2 NO Specifi	y:			Spec	BLA	ACK	
COMPLETED	15. DEC (Specify only	EDENT'S EDU highest grade	ICATION completed)		ECEDENT'S	work done	during mo	ON ast of working	16	. KIND OF BU	SINESS/IN	DUSTRY			
9	Elementary/Secondary (0 N/A	7	College (1-4 or 5		e. Do NOT u	se retired.)				DECMAI	ID 4 3 177	20			
₹ I	17. FATHER'S NAME (First, M	iciclin I nat)			COOL			18. MOTHER'S NA	MF /First	RESTAL		.5			_
	HERBERT M.	-	SR.						11.	V. MAI					
3BE	19a. INFORMANT'S NAME (7)		-					and Number or Rural	Route Nun			p Code)			
임	MISS JUDY P							E STREET	r BA	- Y				21231	
	20a. METHOO OF OISPOSITI 1X Burlet 2 Crematic 4 Donatton 5 Other	iON on 3 🗆 Rem	noval from State	WESTE	DN C7	SITION (N	ame of cer	metery, cremetory or	121/0	_	CATION -		- 111		0
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA			MESTE	MN 21			ND ADDRESS OF FA		O CATO	NOAT	LLE,	MD.	BALTO	C
	+ 12		TU	/				T. GWYNN						-6393	
-	23. PART I. Enter the d	Tennens or	complications the	THE STATE OF THE S	lamb Do	45	17 F	PARK HEIO	HTS	AVE. I	RALTI	MORE	MA	Approximata	_
	shock, or h	eart failure.	List only one car	use on each lin	ie.	iiot onto	are me	or dying, edo		uido oi icap		rout,		intervat Betwe	
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. AIDS														
	DUE TO (OR AS A CONSEQUENCE OF):														
N	Sequentially list conditions,														
Ä	If any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or injuthat initiated events		C. DUE TO	(OR AS A CONSI	EQUENCE (OF):							+		
ERT	resulting in death) LAS	T	d										-		
	PART II. Other algnifics	nt conditio	na contributing to	death but not	resulting	in the u	nderlyin	g cause given in	Part i.	24a. WAS AN		24		E AUTOPSY FINDIN	35
MEDICAL	PANCYT	TOPER	VIA							PERFORMED?			COMP	ABLE PRIOR TO PLETION OF CAUSE EATH?	£
E I											7.4			YES 2 NO	
_															
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ		LACE OF DEATH (C)	neck only o	ine)					_
IXSI	1 TYES 2 NO		1 inpatient 2 i		3 DOA 28b, TII			ne 5 Residence		er (Specify)	IN HIDY OF	CHRED			_
		Pending		Day, Year)		JURY	W	ORK?	200. 00	SOUNDE HOW	INSUNT OC	CONED			
BY	2 Accident 3 Suicide 6	Investigation Could not be		OF INJURY — At I	nome, farm,	street, for	ctory, offic	20		CATION (Street y or Town, State		or or Rural	Route I	Number,	_
E I	4 Homicide	determined	Contains	, was (opecay)					, on	y or lown, state					
COMPLETED	COLUMN OLINA	TIFYING PHYS	SICIAN: To the best o	f my knowledge, o	death occur	red at the	time, date	and place, and due	to the c	suse(a) and ma	nner as ste	Red.			
Š	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.														
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	111	mol	P	1	, ,	29c. LICENSE NU	MBER				,	th, Day. Year)	
2	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	ISE OF DEATH AT	EM 270 /Em	a Orient)						1-1	7 .	70	_
	MARY	XH	Homan	MO	M	ORCO	, M.	edical	Co	where					
	31. DATE FILED (Month, Cay,	Year)	32. REGISTR	LAR'S SIGNATURE											
	MATA	1990	gula veri	Bur-Navia											

9 22 11 23 THE SHAP THE ST - C. The first terms of the ...

s after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached by the attending physician and completely filled in the state Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ilcal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE ADMINISTRATION PROBLEM IN The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL SHECTOR After this certificate has been signed by the attending physician and completely filled in by the item to the state process, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF N			TMENT				MENTAL	HYGIEN REG. NO.		90	31645
1. DECEDENT'S NAME (First, M.	iddle, Last)				1 42					F DEATH			3. TIME OF OEATH
Miriam El	izabe	eth Pig	nataro						1 1	/15/		YEAR	
4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER		7 DATE O				IPLACE (State or Foreign
215-07-74	00	1 □ M 2 💢 🛣	72	YRS.	MONTHS	DAYS	HOURS	MIN.		16/1	917		alto.,MD
80. FACILITY NAME (If not instite 8714 Eddin	gton					Bali	R LOCATIO	ON OF OE	EATH			Ba1	EATH
RESIDENCE OF DECE	DENT			100 017	Y, TOWN OF	1 0047	1001						ded mont out
MD		Balto.				1to							10d. INSIDE CITY LIMITS? 1 YES 2 NO
8714 Eddin	gton	Road				101.	ZIP CODE		204		10g. CITI		NHAT COUNTRY?
11. MARITAL STATUS 1 Never Married			NO	If	yes, spi		n, Mexice	n, Puerto Ri	(Specify Yes	or No-	14. RACI Bleck Spec	E — American Indian, k, White, etc. "": White	
15. OECEO (Specify only h	ENT'S EDUCA	TION ompleted)	16a. D	ECEDENT'S	USUAL OCK work done du se retired.)	CUPATIO	N st of workin	g	16b.	KIND OF BU	SINESS/INC	USTRY	
Elementery/Secondary (0-12)	College (1-4 or 5 -	,		Make					Н	ome	mak	er
17. FATHER'S NAME (First, Midd James W. K										iddle, Malden 1 Kil	Surname)		
Francis J.		nataro	1	96. MAILING 871	ADDRESS	din	nd Number gtor	or Rural I	Aoute Number	Balt	n, State, Zip	MD	21204
20 METHOD OF DISPOSITION 10 Burlel 2 Cremation 4 Donation 8 Other (S)	3 G Remov	val from State	20b. PLACI other (e of Dispo	orel	and	netery, crem	eatory or			cation -		own, State
21. SIGNATURE OF FUNERAL S	E L	elan	_		J	ohn		Fur	nera.	l Hon		2:	1204
23. PARY I. Enter the dise shock, Dr hea IMMEDIATE CAUSE (Finel disease or condition resulting in death)	rt fellure. L	ist only one cau	t caused the dise on each lin	ie.	0/25					~			Approximate interval Betwee Onset and Dec
Sequentielly list condition if any, leading to immedia		OUE TO	(OR AS A CONSI	EOUENCE O	F):								
cause. Enter UNDERLYING													
that initiated events resulting in death) LAST	d.	DUE TO	(OR AS A CONS	EOUENCE O	F):								
PART II. Other algorificent		contributing to	death but not	reaulting	in the unc	derlying	g ceuse g	given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	241	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO I EXAMINER?		HOSPITAL:] ento		OTHER	:			neck only one				
1 YES 2 HO		1 inputient 2 28e. DATE OF		3 LJ DOA 28b. TIR		ing Hom 28c, INJ		sidence	6 Other	(Specify) CRIBE HOW	INTERPRETATION	CHRED	
1 Aletural 5 Pe		(Month, E	lay, Ybar)	IN	JURY	WO	PRK?	NO					
3 Suicide 6 Co	restigation ould not be termined	28e. PLACE C building,	of INJURY — At I	nome, farm,	street, facto				281. LOCA City o	TION (Street r Town, State)	and Numbe	r or Rural	Route Number,
29a. CERTIFIER 1 CERTIF	YING PHYSIC	IAN: To the best of	my knowledge	Seath occur	red at the He	ne, dete	and place	and die	to the care	e(e) and ma	nner se ste	ted.	
and —													s) and manner as stated.
296. SIGNATURE AND TITLE O			E /E WATER					ENSE NUI		e tile "		2-10-1	O (Month, Day, Year)
Sizon		ou t					1		308		•		16.94
30. NAME AND ADDRESS OF F	ERSON WHO	COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	a, Print)		. ^			0			2 10 6



IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	ERTIFICATE	OF	E DEAT	TH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND N	IENTAL HYGIEN					
1. DECEDENT'S NAME (First, Mich. OLBERT		PRITT		2. DATE OF DEATH MONTH	AY / YEA	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 212-30-5119 98. FACILITY NAME (If not institute	6. SEX 6. AGE (In	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	Maryland OF DEATH					
FALLSTON	GEN'L HOSI	P.	FALLSTON)	HAR	FORD			
Maryland	COUNTY	10c. CITY, TOWN	OR LOCATION Churchville			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER 215 11. MARITAL STATUS 1 Never Merried 2 10 Mar.	Calvary Road		101. ZIP CODE	.028		U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U	2 NO	WAS DECENDENT OF HISPANI If yee, specify Cuban, Mexican 1 YES 2 NO Specify:	C ORIGIN? (Specify Yea , Puerlo Rican, etc.)	or No — 14. F	RACE — American Indian, Black, White, atc. Specify:			
15. DECEDEI (Specify only high Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle)		6a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.) Plumbe	during most of working		SINESS/INDUSTR	NY .			
			16. MOTHER'S NAM	NE (First, Middle, Malden	Specify: Caucasian KIND OF BUSINESS/INDUSTRY Plumbing ddta, Maiden Surname) Indo Epperley I				
Olbert 19a. INFORMANT'S NAME (Type)	Manford Prit		Mami SS (Street and Number or Rural R						
Dorothy E.			ame as #10						
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 5 Other (Spe	1 A Burial 2 Cremation 3 Removal from State other place)								
21. SIGNATURE OF FUNERAL SE			NAME AND ADDRESS OF FAC Kurtz Fun	eral Hon	ne				
Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	s. Utilities Due To (on as a constitution of the constitution of	consequence of:	ullation (Interval Between			
PART II. Other significent of	conditions contributing to death but	t not resulting in the u	inderlying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MI	HOSPITAL:	OTHE	26. PLACE DF DEATH (Che	ck only one)					
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen	1 □ Inpatient 2 □ ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? 1 YES 2 ND	8 C Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D			
D 2 Decident	28a, PLACE OF INJURY -	At home, farm, street, fa	ctory, office	28f. LOCATION (Street City or Town, State		ural Route Number,			
emel and	NG PHYSICIAN: To the best of my knowled					use(s) and manner as stated.			
296. SIGNATURE AND TITLE OF	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER								
30. NAME AND ADDRESS OF PE PATRICIA 31. DATE FILED (Month, Day, Year	RSON WHO COMPLETED CAUSE OF DEAT A WEBER M . I 32. REGISTRAR'S SIGNAL). 16H	2R		- 1	1			
NOV 19 199	b					DHMH-15 Rev 1/6			

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TO BE COMPLETED BY FUNERAL DIRECTOR

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	PHYSICIAN; The law requires that the death certificate be executed within 27	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR		CTATE OF MARDY	/I AND / DEDA	DTMFNT	OF HEALTH AND	MATRICAL INVOLUNI		0	31647
STATE REGISTRAR		SIALE OF MAKE			OF HEALTH AND	MENIAL HYGIEN REG. NO.	E		
DECEOENT'S NAME (Fin	st, Middle, Last)	0				2. DATE OF DEATH			TIME OF DEATH
Moi	eri5	Pow	ELL			MONTH DA	1 19	AR >	4:00 PM
SOCIAL SECURITY NUN	BER	5. SEX a. AG	E (In yrs. last birthday)			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPL	ACE (State or Foreign
107-18-	9728	1 XM 2 🗆 F	89 YRS.		DAYS HOURS MIN.	11-1-0	01	Ne	w York
ESIDENCE OF DE	DALE	eet and number)		96. CITY, 7	ALTIMOR	V.T.	9c. COUNTY	OF DEAT	н /
o. STATE	10b. COUNTY	City		TY, TOWN OR					d. INSIDE CITY LIMITS?
0. STREET AND NUMBE 2434 W. Be		A			101. ZIP CODE	1215	10g. CITIZEN		T COUNTRY?
.434 W. De.	rvedere	Ave			2.	1215		UDA	-011
. MARITAL STATUS Never Married 2 Widowed 4 Dir		12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	H.	AS DECENDENT OF HISPA yes, specify Cuben, Mexico YES 2 NO Specif	en, Puerto Rican, atc.)	or No- 14.	Black, W Specify:	Amarican Indien, /hite, alc. Vhite
15. DE (Specify of Elementary/Secondary 8th 21		ATION completed) College (1-4 or 5+)		f work done du use retired.)	CUPATION ring most of working	16b. KIND OF BUS			
FATHER'S NAME (First,			GE	ocer	1a. MOTHER'S NA	AME (First, Middle, Meiden			
Charles Por	well				Rebecca	Mandel			
Rhoda Levii o. METHOD OF DISPOS	n		5 St	onehen	Street and Number or Rural ge Cir. #8 e of cemetery, crematory or	B Pikesvill	e, MD	2120	
Buriel 2 Cremat	iton 3 🗆 Remo	val from State	other place)	e Hebr	ew Cemetery	Balt	iir Rd.	Md	
SIGNATURE OF FUNER	AL SERVICE LICE	marriel	No-		ame and adoress of Fa brew Memor: 00 Reisters	ial Funeral	Home,	In	
	heart failure. L Inai	CHROWIC	n each line.	HOCY	He mode of dyling, aud	ch as cardiac or reap			Approximata interval Between Onaet and Death
equentielly list cond eny, leading to imm ause. Enter UNDERL AUSE (Disease or in	ediate YING	DUE TO (OR A	S A CONSEQUENCE	OF):					
hat initiated events esulting in death) LA			S A CONSEQUENCE	OF):					
ASC	UV		DIAC 1		erlying cause given in		MED?	C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO
									J J
S. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3 🗆 DOA	OTHER:	26. PLACE OF OEATH (C				
7. MANNER OF DEATH 1 Netural 5	Pending Investigation	28a. DATE OF INJUI	RY 28b. T	IME OF S	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	NED	
a 🗆 a 1114	Could not be determined	28e. PLACE OF INJ building, atc. (3	URY — At home, farm Specify)	n, atreet, factor	ry, office	281. LOCATION (Street City or Town, State)	end Number or	Rural Rou	te Number,

The state of the s	gatton, in my opinion, treath occurred at the tillia, take and place	e, and due to the cedes(e) and mainer at
29b. SIGNATURE AND JITLE OF CERTIFIER	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, You
/ 4 4		

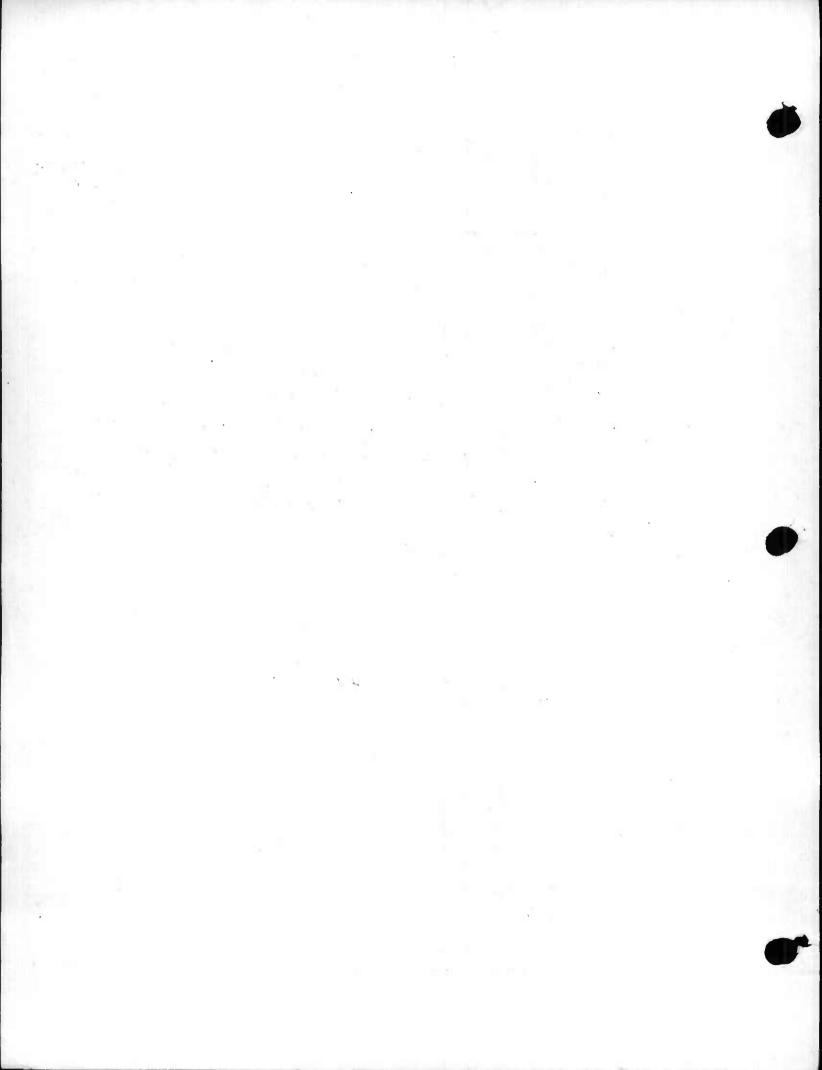
ATTENDING PHYSICIAN D25610 11-16.90

RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

LEVINDALE, 2434W. BELVERDERE AVE, BALTIMORE, MD. 21215

32. REGISTRAR'S SIGNATURE

July Davidson And Me. 30. NAME AND ADDRESS OF PERS SET HTWAR 31. DATE FILED (MONIN, Dey, Year) NOV 1 9 1990



urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	0 31040
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH
	JAMES W ROBERSON		YEAR
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign
	219-40-0665 1 DM 2 F 46 YRS. MONTHS DAYS NOURS MIN.	(Month, Day, Year) 44	Botto my
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNT	Y OF DEATH
5	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY	BALT	IMORE CITY
הטוספה	RESIDENCE OF DECEDENT		
	10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
2	10s. STREET AND NUMBER 10f. ZIP CODE	The same	1 PES 2 NO
5	43/5 Wentwarth Ave. 2120	10g. Cilizi	EN OF WHAT COUNTRY?
TONERAL		IIC ORIGIN? (Specify Yee or No	4. RACE — American Indian,
2	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, epecify Cuban, Mexico	n, Puerto Alcan, etc.)	Black, White, etc.
0	3 Wildowed 4 Divorced FIR FUYCE 1 YES 2 1-110 Specific	r:	Black
5	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDU	STRY
OMPLE	Elementary/Secondary (0-12) College (1-4 or 5+) Ife. Do NOT use retired.)		
L L	Bill Collector		
3	12. FATHER'S NAME (Fatt, Middle, Last)	ME (First, Middle, Malden Surname)	
	MAILE DODERSON MAN	y Clemon	5
5	19b. MAILING ADDRESS (Street and Number or Rural	Rute Number, City or Town, State, Zip C	Code)
٦,	1475, Dorothy Roberson 7.315 Wentworth H	ve. Oplio, Tr	d. 21601
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)	20c. LOCATION — C	Ity or Town, State
	4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. NAME AND ADDRESS OF FA	Gara 12/1/10	2011/00
	Joseph Li	KUSS PUN	HOME
	Joseph J. Russ 12222 W.1	Vorth Ave. B	ALD. M. SIZIE
	23. PAFT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, aud shock, or heart failure. List only one cause on each line.	h as cardiac or respiratory arre	et, Approximeta Interval Between
	IMMEDIATE CAUSE (Finel	1	Onset and Death
	disease or condition a. acute myelogenous leu	Kemia	Twonks
	DUE TO (OR AS A CONSEQUENCE OF):		
5	Sequentially liet conditions, Due to (or as a conscouence of):		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		İ
5	CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):		
	resulting in death) LAST		
Ä	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5		1 D YES 2 NO	OF DEATH?
E		_ /	1 TYES 2 NO
BY PHYSICIAN: MEDIC	AT WAS CASE REFERENCE TO MEDICAL		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AND A THER:		
2	1	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCC	IDED
7	1 Natural 8 Pending (Month, Day, Year) INJURY WORK?	200. DESCRIBE HOW MOON! COO.	UNES
	2 Accident Investigation 28e. PLACE OF INJURY — At home form street fectory office	281. LOCATION (Street and Number of	or Rural Route Number.
3	4 Homicide determined building, etc. (Specify)	City or Town, State)	CAMBRIDGE WIDE.
	290. CERTIFIER		
COMPLEIEU	(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, end during one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the		
		THE RESIDENCE OF THE PARTY OF	and the second second
20	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU 29c. LICENSE NU 29c. LICENSE NU	927 DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		1-10-70
	Mark Benson MD Tower 110 JH1	+	
		1	
1	31. DINE THE TOTAL DESIGNATURE SIGNATURE		



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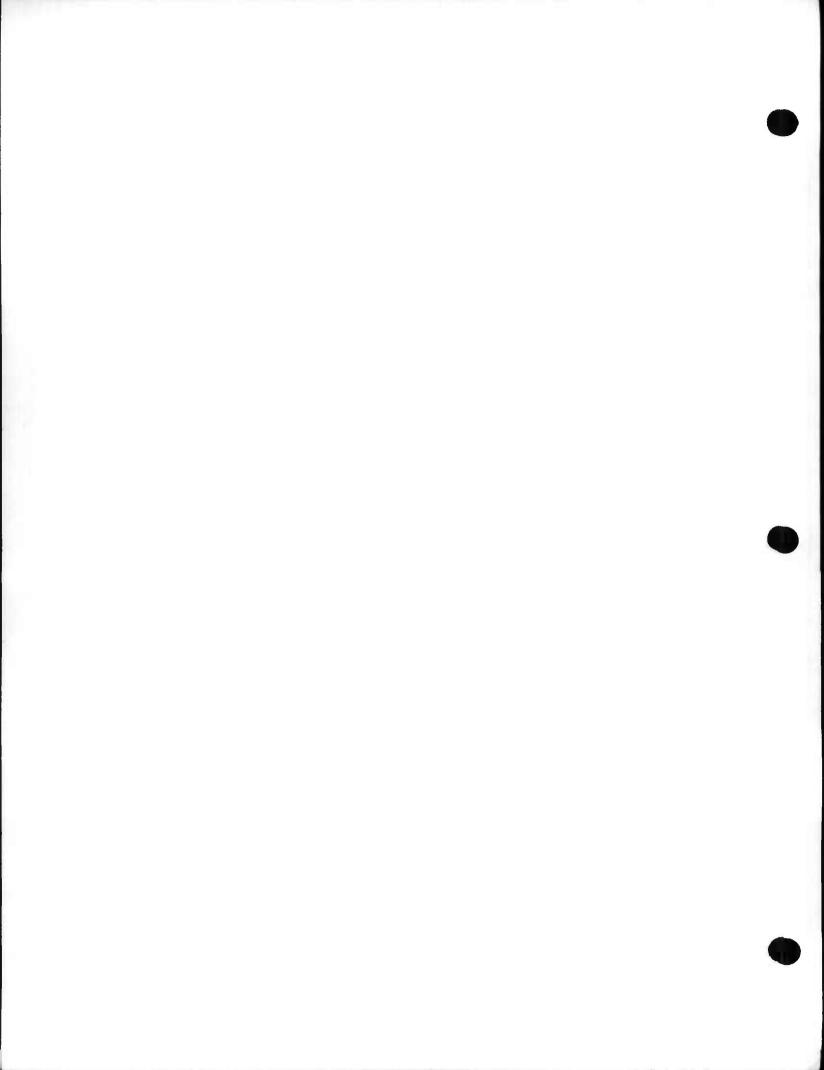
officer last and

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Henry 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO THE HOSPITAL OR ATTENDINIS PROTOTO TO THE FUNERAL DIRECTOR: After 185. be filed within 72 hours after death with IMPORTANT: If Item 28 is mari

	FOR 1 - STATE REGISTRAR	STATE OF MAR				EALTH AND N		IENE NO.		01043
	1. DECEDENT'S NAME (First, Middle, Last) AT.MA M. ROBI	NSON					2. DATE OF DEA MONTH NOVEMBE	TH DAY R 15	1990	3. TIME OF DEATH 11:20 a.m m
	4. SOCIAL SECURITY NUMBER 215-03-6908	8. SEX 1 M 2 X F 89 YRS. 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 D M 2 X F 89 YRS. 8. BIRTHPLI CHYRY) Jan 1 Ja							PLACE (State or Foreign y)	
OR	THE JOHNS HOPKI	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL					ATH	9c. CO BAL	TIMOR	E CITY
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	(10c, C	Baltin		ON				10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO
BAL	100. STREET AND NUMBER 3718 Echodale Avenu	REET AND NUMBER 718 Echodale Avenue				ZIP COOE 21206		10g. C		VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO		If yes, spe	ENDENT OF HISPAN city Cuban, Mexican 2 NO Specify	n, Puerto Rican, a		14. RACE Black Speck	
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT	of work done use retired.)	CCUPATIO during mod	N It of working	16b. KIND (OF BUSINESS/II		
BE CON	17. FATHER'S NAME (First, Middle, Last) George Amistrong					Amelia		faiden Surname)	
10	Betty M. Rudolph		3718	Echoda	ile Av	enue Balti	more, Md.	21206		
	206. METHOD OF CISPOSITION Devide 2 Cremetion 3 Removal from State									
	▶ James F. Gladden	1 /	Hedden	1		d J. Ruck		Harfon	d Rd. 2	21214
	23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, ahook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due To (OR AS A CONSEQUENCE OF):								Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. He cate callular Carcino Ma Due to (or as a consequence of): Due to (or as a consequence of):									
PHYSICIAN: MEDICAL (PERFORMED? 1 YES 2 AND OF 0							WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	/Outpetient 3 🗆 DOI	OTHE	R:	ACE OF DEATH (Ch		40		
ву РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF INJI (Month, Day, Y	URY 28b. 1	TIME OF INJURY M	28c. INJ WO	e 5 Residence URY AT RK? /ES 2 NO	28d. DESCRIBE	· · · · · · · · · · · · · · · · · · ·	OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JuRY — Al home, fari (Specify)	m, street, fac	tory, offic	•	261. LOCATION (City or Town	Street and Num , State)	ber or Rural i	Route Number,
COMPLETED	one)	ER: On the best of my								s) end manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	Unnen	м. Д.			HQ55	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
	Went		ISON		Ni	Walfe	S1. B	altin	ane	3005
	31. DATE FILED (Month, Day, Year) NOV 1 9 1990 4	12. REGISTRAR'S					120			

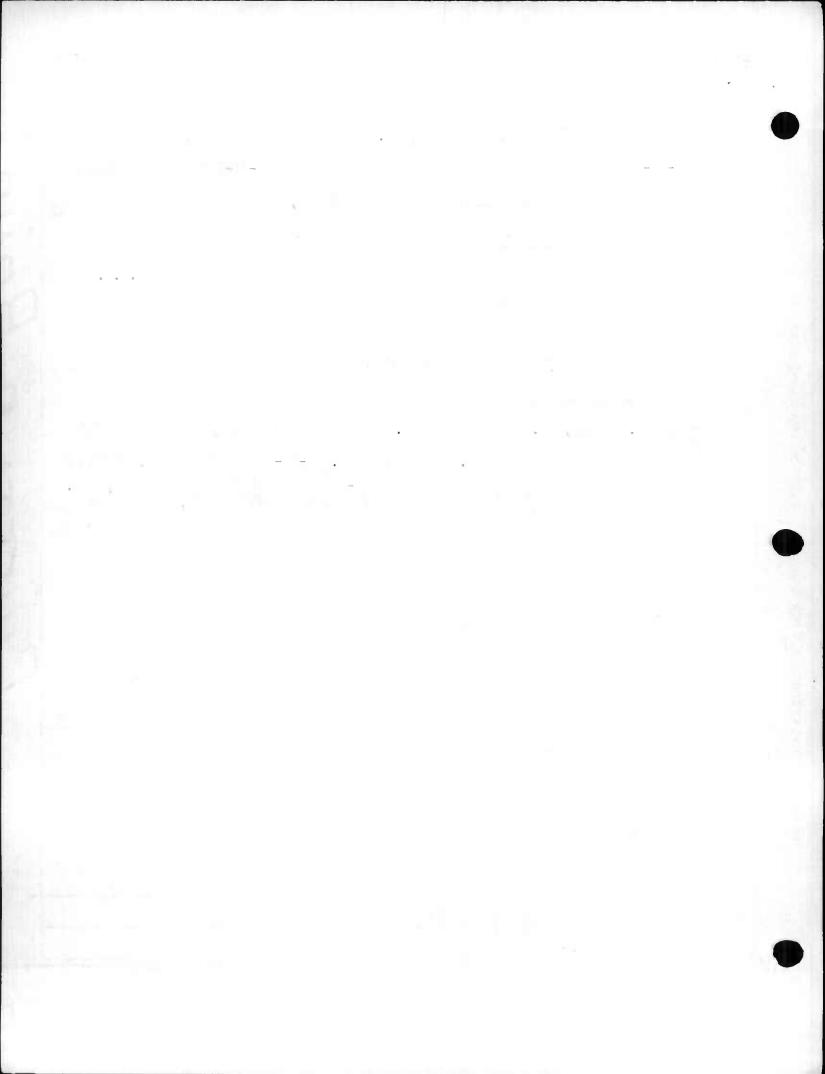


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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and and for in	removal.	edical e
and the same	or removal.	medical e

•	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER	LBERT HERMAN		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	14, 199	-V-1		
	218-18-2477 9s. FACILITY NAME (If not institution, give st	1 X M 2 □ F 66	YRS. MOI	THS DAYS	HOURS MIN.	(Month, Day, Year) 5-10-19	24	BIRTHPLACE (State or Foreign Country) MARYLAND		
DIRECTOR	FRANCIS SCOTT KE			96. CITY, TOWN OR LOCATION OF GEATH BALTIMORE CITY 96. COUNTY OF DEATH						
E	10s. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATI				10d. INSIDE CITY LIMITS?			
	MARYLAND 100. STREET AND NUMBER	BALTIMORE			DGEMERE ZIP CODE		10g. CITIZEN			
FUNERAL	7215 WALDMAN AVE				212			U.S.A.		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN IT FORCES? 11 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECI	cify Cuban, Maxica	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No- 14.	Black, White, etc. Specify:		
	18. OECEDENT'S EDUC (Specify only highest grade	ATION	16a. OECEDENT'S USL	IAL OCCUPATIO	N t of unskins	18b. KIND OF BU	I SINESS/INDUST			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)		2 2 2 4 4 5				
OMF	10TH GRADF 17. FATHER'S NAME (First, Middle, Lest)	N/A	STORE RO	OM CLE		ME (First, Middle, Meider		SEAL		
BE C	JOHN JOSEPH ROGER	RS.				A BLACHOW				
TO B	19s. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street at	nd Number or Rural i	Route Number, City or Tox	vn, State, Zip Coo			
	ALBERT H. ROGERS. 20 METHOD OF DISPOSITION		7742 S. PLACE OF DISPOSITION	COVE 1		ALTIMORE.				
	1 🖒 Burisi 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 8 🗆 Other (Specify)	wei from State	other place)		-11-11-11-11			Control of the Contro		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK, INC.									
	David F.	Gardier	_			ENUE DUNDA				
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):									
z	MUCTIPLE LIVER ABSCESSES									
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.									
CERTIFICATION	that initieted events resulting in deeth) LAST d.									
AL C	PART II. Other aignificent conditions		t not resulting in t	ne underlying	cause given in	Part I. 24a. WAS AI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC	RENAL FAILU	LE				1 TES		COMPLETION OF CAUSE OF DEATH?		
N.							-			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		THER:	ACE OF DEATH (Ch					
ž.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED		
ВУ	1 Natural 8 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, stc. (Specif)	– At home, farm, stree /)	t, factory, office		281. LOCATION (Street City or Town, State		Description of What Country? U.S.A. No. 14. RACE — American Indian, Black, White, etc. Specify: WHITE ESS/INDUSTRY RK & SEAL Name) Tate, Zip Code) ARYLAND 21219 TON — City or Town, Stata TIMORE, MARYLAND OF DUNDALK, INC. MD 21222 Dry arreat, Approximate Interval Between Onset and Death TOPSY ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
COMPLETED		CIAN: To the best of my knowled R: On the basis of axamination						buse(s) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	ABER	29d. DATE SIG	GNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	MO		AJ4H73	57MC90	11	14/90		
	MELISSA CHEE	ESEMAN MD			T WEY F	tospom				
	31. DATE FILED MONT. DEL 19 1990	32. REGISTRAR'S SIGNAT	TURE							



TO BE COMP	ICAL CE
al examiner must be notified at once.	IMPORTANT If them 21 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached oval.	TO THE UNIVERSITY: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled the control of the state dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospi	TO THE HEART OR THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DWISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF I			MENT OF H			MENTAL HYGIEN		90	3165
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH	50		TIME OF OEATH
	, Naomi Flore	nce, Simmo	ons						7	10	0032
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. lest b	irthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	,		CE (State or Foreign
	228 24 6414	1 ☐ M 2/10(F	64		MONTHS DAYS	HOURS	MIN.	(Month, pay, year) 09/15/26		Country)	irginia
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	R LOCATIO	N OF OE	ATH	9c, COU	NTY OF OEATI	1
N N	Sinai Hospi	tal			Balt	imore			1		
5	RESIDENCE OF DECEDENT										
DIRECTOR	Mayland 10b. COUNT			10c. CITY.	TOWN OF LOCAT		e	2125			LINSIDE CITY LIMITS? YES 2 NO
FUNERAL	2823 Wald	orf A	se		101	ZIP COOE	21	5		ted Sta	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARME YES 2 NO WAR OR DATES		If yes, sp		, Maxican	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No—		American Indian, hite, etc. White
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 8th grade		(Give	kind of wo	USUAL OCCUPATION of done during monor retired.)		g	16b. KINO OF BU	JSINESS/INC	DUSTRY	
Σ	17. FATHER'S NAME (First, Middle, Last)					40 11071	FD10 1144	WE (First, Middle, Malde			
						16. WOTH			,		
B	Walter Clark Kees	see				ł		orence Ev			
0	19a. INFORMANT'S NAME (Type/Print)		196.	MAILING /	AOORESS (Street a	nd Number	or Rural R	loute Number, City or To	vn, State, Zip	p Code)	
-	Mr. Charles H. Si	mmons, S	r.	2823	3 Waldon	f Av	e.	Baltimore	, MD	21215	5
	20a. METHOD OF DISPOSITION 15 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE Of other place	OISPOSI	TION (Name of cer	netery, crem	atory or	20c. L	OCATION -	City or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY										
	Toring Byers Funeral Directors, Inc, 8728 Liberty Road Randallstown, MD 21133										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reaplratory arrest. Approximate										
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MA 55104 Here of ples is										
	DUE TO (OR AS A CONSEQUENCE OF): MASSIVE HERO PLES IS										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Squamul Cell Cau. 49 ly & pleusing the property of the cause o										
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. The perfense of Diff Armero scless Vancular and 21 1 1 Yes 2 1 NO 24. WAS AN AUTOPSY PINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 1 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:			8 Other (Specify)			
ВУ РНУ	27. MANNER OF OEATH 1 Netural 6 Pending 2 Accident Investigation	26s. DATE O		28b. TIME INJU	OF 28c. IN.	URY AT ORK? YES 2		28d. OESCRIBE HOW	INJURY OC	CCUREO	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — Al hom, etc. (Specify)	e, farm, st	treet, factory, offic	4		261. LOCATION (Stree City or Town, State	t and Numbe	or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	Land Control of the C						to the cause(a) and m			d manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICE	NSE NUM	IBER	29d, DAT	TE SIGNED (Mo	onth, Day, Year)

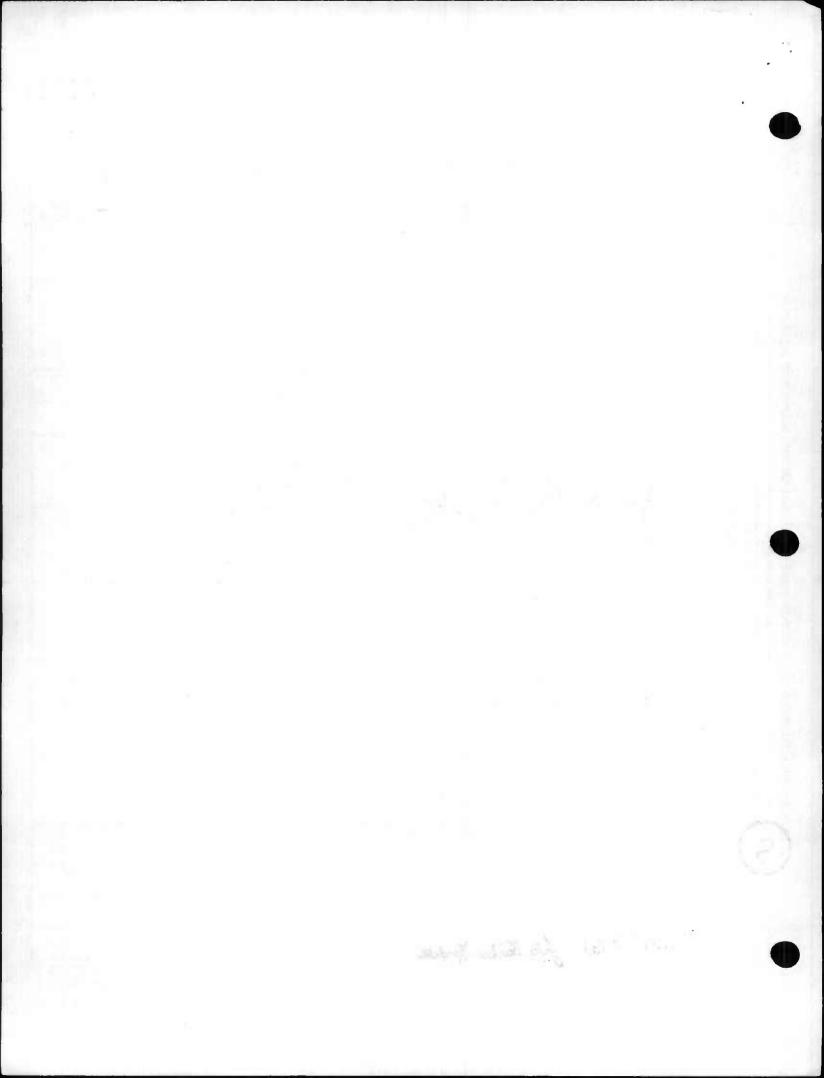
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATN (ITEM 27) (Type, Print)

31. DATNING TE 97,1990

Hosp. of Bultimore

Sink!

C.M



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U MEHLA	any injury, or other	
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OCCUPATION OF THE PERSON	TTANT: If item 28 is marked, or Hem 23 shows any injury, or other	
and a	28 1	
POURS	Item	
Z	=	
WILLIAM	TANT	

VERGHESE, M.D.

C.V.J.

31. DATE FILED (Month, Day, Year)
NUV 16 1990

traumatic event, the medical examiner must be notified at once.

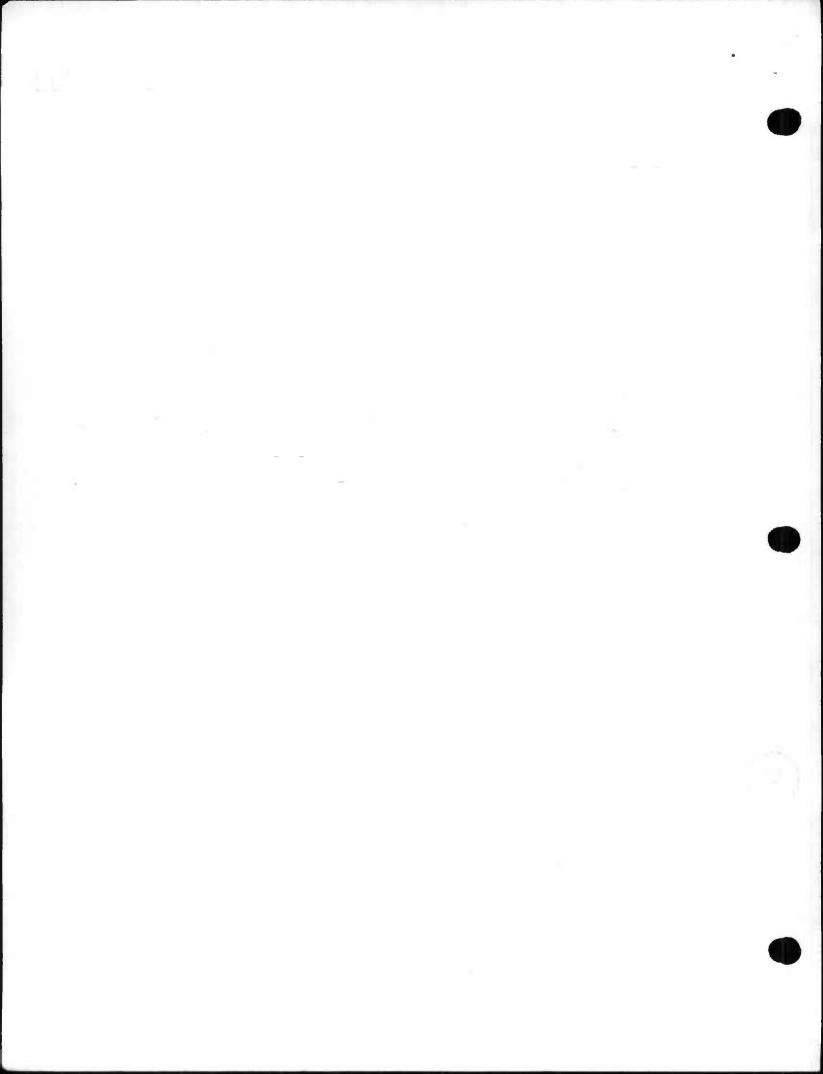
	FOR STATE REGISTRAR		STATE OF I		/ DEPAI					MENT	AL HYGIENI	Ē	90	31652
į	1. DECEDENT'S NAME (First	, Middle, Last)									TE OF DEATH			3. TIME OF DEATN
Ì	JOHNNY LEW	TS SMT	TH							11			90	6:35A M
ŀ	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER	3 24 HRS.	7 DAT	E OF BIRTH	Ť		IPLACE (State or Foreign
1			MX M 2" F	61		MONTHS	DAYS	HOURS	MIN.	(Mo	7/29		Counti	ny)
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-	the setting of the second								ON OF DE	EATN		9c. COUN		
5	VA MEDICAL		LK			FOR	THO	WARD)			BAL	LIMO	RE
5	10a. STATE	10b. COUNTY	Y		10c. CI	TY, TOWN O	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MARYLAND	RAIT	TIMORE					กมมาก	LIV					LIMITS?
	10e. STREET AND NUMBER		LIMORE				-	DUND!				10a CITIZ	ZEN OE V	WHAT COUNTRY?
FUNEHAL	2872 NATHA		7437				"-							WIND COOKING
2	11. MARITAL STATUS	MITEL M		IT FIFE IN II.	101150	140	1		1222		01110.00 .44 .44 .4		5.A.	
2	1 Never Married 2	Married		XXYES 2	NO		If yes, sp	ecify Cube	n. Maxica	n. Puerl	GIN? (Specify Yes to Rican, stc.)	or No-	Blac	E — American Indian, k, White, atc.
à	3 Widowed 4 □ Dive			MAR OR DATES			1 TYES	XX NO	Specifi	y:		- 1	Spec	WHITE
	15. DEC	EDENT'S EDU	KORFA CATION	16a.	DECEDENT'S	S USUAL O	CCUPATIO)N		T 1	isb. KIND OF BUS	INESS/IND		
=	(Specify on	ly highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	at of world	ing					
Z	Elementary/Secondary (I UNKNOWN	0-12)	College (1-4 or 5 UNKNOW		AU	ITO MI	ECHA	NIC			SELF	EMPLO	YED	
COMPLEIED	17. FATHER'S NAME (First, In	Aiddle Leat)	CII VI CI CI					_	NER'S NA	MF /Fire	t, Middle, Meiden	Sumamel		
	MACK SMITH								LIE		(MYERS)	,		
ם	108. HATORINANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street a			Route No	umber, City or Town	State Zin	Codel	
2	BARBARA E.										IMORE,			21222
	20g, METNOD OF DISPOSIT 1 X Burial 2 Crematic 4 Donation 5 Other	riON on 3 □ Ram r (Specify)	oval from State	OAK	LAWN	CEME	TERY	netery, cred	matory or -17-	199	0 BA	LTIMO		MARYLAND
	21. SIGNATURE OF FUNERA	L SERVICE LE	DENSES	11	1	323	MAME A	YB APPRO	SS OF FA	YELDY	L HOME	OF DI	MON	IK THE
	· (ho	shor.	V- Fr	eh					AVE					21222
	23. PART I. Enter the dishock, or himmediate CAUSE (Fi disesse or condition resulting in death)	neert fellure.	List only one ce	use on eech i	ine.		the mo	de of dy	ring, suc	ch es c	erdisc or respi	ratory srr	rest,	Approximate interval Between Onset and Death
N O	Sequentielly list condit	tions,	L COPD,	S/P RIC	GHT LO	OWER	LOBI	ECTO	MY Al	ND L	IPPER LE	EFT_L	OBEC	стому
CERTIFICATION	if sny, leeding to imme csuse. Enter UNDERLY	ING	-			J. 7.								į
티	CAUSE (Disease or Injuthat initiated evente	ury	DUE TO	OR AS A CON	SEOUENCE (OF):								
	resulting in death) LAS	ST	4											
5														
¥١	PART II. Other signific CHRONIC MA			o death but no	t resulting	In the u	nderlyin	g ceuse	given in	Part i.	. 24a. WAS AN PERFOR		241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	CHRONIC MA	THOIKI	TION								1 - YES 2	₩ NO		COMPLETION OF CAUSE OF DEATH?
¥													-1	1 _ YE\$ 2 _ NO
₹	25, WAS CASE REFERRED T	TO MEDICAL				,	_	LACE OF	OEATH (C)	heck only	y one)			
HYSICIAN:	1 YES 2 NO		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	4 Nu		10 5 🗆 F	Residence	e 🗆 o	ther (Specify)			
Ē	27. MANNER OF DEATH		28a. DATE 0	F INJURY Day, Year)	28b. TI	ME OF		JURY AT		26d. 1	DESCRIBE NOW I	NJURY OC	CUREO	
ВУР	1 Netural 5 2 Accident	Pending Investigation	(month),	buy, rowy		М		YES 2	□ NO					
	2 Deutsteld	Could not be determined		OF INJURY — AI I, stc. (Specify)	home, farm	, street, fac	ctory, offic	en .			OCATION (Street a Dity or Town, State)		or Rural	Route Number,
COMPLET	29e. CERTIFIER		V			- 77-0				_	TA 11 12 F2			
	(Check only		SICIAN: To the best	The state of the s										
ō l	2 ME	DICAL EXAMIN	ER: On the basis of	examination and	for investigat	llon, in my	opinion,	death occi	ured at the	e time, d	date and place, an	d due to th	ne cause((a) and manner as stated.
BE C	290. SIGNATURE AND THE	E OF CENTIFIE	rel	-				29c. LIC	CENSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)
200	tothe	Spr										1	1/14	4/90
2	30. HAME AND ADDRESS-O	FERSON W	HO COMPLETED CA	USE OF DEATH (TEM 27) (Typ	oe, Print)								

9600 NORTH POINT ROAD FORT HOWARD, MARYLAND

NUV 1 # 1990

21052

Julia Savidson-Randell



dicai examiner must be notified at once.

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1	TO THE HISHTIM OF THEIR ING PHYSICIAN: The law requires that the death certificate be executed within 20-mou	TO THE FLACE ALL DESCRIPTIONS and completely filled by the attending physician and completely filled in	be filed within manages and earth with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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	1 - STATE REGISTRAR		STATE OF N	AARYLAND /		ICATE				MENTAL	REG. NO.	E	90	3	653	
	1. OECEDENT'S NAME (First,	Middle, Last)		0.		IOAIL	. 01	באו	•	2. DATE	OF DEATH		3.	TIME OF	OEATH	
	Lilli	an M	largaret	Turner						Nove	mber I	7 19	90		м	
	4. SOCIAL SECURITY NUMBER		8. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE O	OF BIRTH		8. BIRTHPL	ACE (State	or Foreign	
	218 22 3388		1 🗆 M 2 💢 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	107	22/11	. Co	. Md.			
	9a. FACILITY NAME (If not ins	titution, give a	treet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	EATH		9c. COUN	ITY OF DEAT	Н		
e l	Deaton Medic	al Ce	nter				Bal	timo	re (City						
5	RESIDENCE OF DEC	10b. COUNTY			140. 00	ny Tours o		-					1 40	4 INGIDI	OUTY	
FUNERAL DIRECTOR		Balti			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS? 1 YES 2 NO		
¥∥	10e. STREET AND NUMBER						101	ZIP COD				10g. CITI	ZEN OF WHA		'RY?	
E	1618 Cape Ma	ay Roa	d						2122	51			U.S	.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						f yes, spi		n, Mexica	n, Puerto R	? (Specify Yes licen, atc.)	or No-	14. RACE — Black, W Specify:	/hite, etc.		
		DENT'S EDU		18e. DI	CEDENT'S	Work done	CCUPATIO	N et of workin	1/2	16b.	KIND OF BUS	SINESS/IND				
COMPLETED	Elementary/Secondary (0-	-	Cotlege (1-4 or 5	the	. Do NOT u	ise retired.)			·v	Ba	ltimo	re Co	unty	Scho	ol	
N N	17. FATHER'S NAME (First, Mic	ricia Last)						18 MOT	HER'S NA	ME (Flort A	Aiddle, Meiden	Sumanal				
	Vincent		ricki					111111111111111111111111111111111111111			te Zy					
H	19e, INFORMANT'S NAME (Ty			19	b. MAILING	G ADDRESS	(Street a				ser, City or Tow		Code)			
임	Henry E. Tur	rner		1.0	618	Cape	May	Road	Ba]	Ltimo	re Man	rylan	d 21	221		
	Henry E. Turner 1618 Cape May Road Baltimore Maryland 21221 20s. METHOD OF OISPOSITION 20s. METHOD OF OISPOSITION 20s. Delace Of OISPOSITION (Name of cometer), crematory or content of County Maryland 20s. LOCATION — City or Town, State 4 Donelton 5 Other (Specify) 20s. LOCATION — City or Town, State Baltimore County Maryland															
ì	21. SIGNATURE OF FUNERAL SERVICE INCENSEE 22. NAME AND ADDRESS OF FACILITY BruzdzinskimFuneral Home PA 21221															
	1407 Old Eastern Ave Baltimore Maryland															
	23. PART /. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate															
	/ shock, or heart fallure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Fine) Interval Between Onset and Death															
·	II IMMEQIALE CAUSE (FING															
	resulting in deeth) e. OHE TO (OR AS A CONSEQUENCE OF															
z	Milhale Melune AND 1/2 year															
일	it stry, leading to militerate															
S	CAUSE (Disesse or Injur		a Un	Intro		NE	ec c	VO N	,		AND			11	200	
	that initiated evente resulting in death) LAS	т	DUE TO	CICTED	OUENCE	OF):	4	4	7	Y	171	1 3	C Com	12	to	
CERTIFICATION			d. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FICTED	>	190	-	(L	7- ()	5 / 1 3			1	201 100	
CAL	PART II. Other significs	nt condition	ns contributing to	deeth but not	resulting	in the ur	nderlyin	g ceuse	given in	Part i.	24a. WAS AN				PRIOR TO	
	Ţ.	Dene	nta								1 TYES		0		ON OF CAUSE	
MED		,													2 🗌 NO	
ÿ																
X	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF C	DEATH (C	heck only or	10)					
S	1 YES 2 NO		1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	4 Nur		10 5 □ R	esidence	8 🗆 Othe	r (Specify)					
Y PHYSICIAN:		Pending Investigation	28e. DATE OF	F INJURY Day, Year)	28b. TII	ME OF JURY M	WC	URY AT ORK? YES 2 [_ NO	28d. DES	SCRIBE HOW	INJURY OC	CUREO			
ED BY	3 Suicide 8	Could not be	28e. PLACE (building	OF INJURY — At h	ome, farm,	, street, fac	tory, offic	•		28f. LOC City	ATION (Street or Town, State	end Number	r or Rural Rou	rte Numbe	K	
<u> </u>	29a, CERTIFIER											-		_		
COMPLETED	(Check only		ER: On the best of											end menn	er ee stated.	
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	R H	. ha	A 10			29c. LIC	ENSE NU	IMBER	\	29d. DAT	E SIGNED (A	Aonth, Da	(, Ybar)	
2	30. NAME AND ADDRESS OF	> '	HO COMPLETED CAL	ISE OF OFATH AT	/_	ne Printi	. 8 12 50	17	>(~ 5	× ×	i n . i		1 01	CSA	79618_	
- 1	EVA SI	HER	SH ME				HEI	- 1	>0	3011	EILN		,	(()	1 6 16	
	31. DATE FILED (Month, Day,		STNEE T	AR'S SIGNATURE	3	ALT	MOI	35		Mo	21	230	,			
	MOVE 1 ()	990			-										Ш	
- 1		JUU ,	THE VEHICLE	man Rande												

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TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR Am, this certificate has been signed by the attending physician and completely be filed within 72 least and seems with the State Dept. of Health and Mental Hyglene prior to burial, cremat iMPORTANT: If I me 26 1 parked, or liem 23 shows any injury, or other traumatic event, I

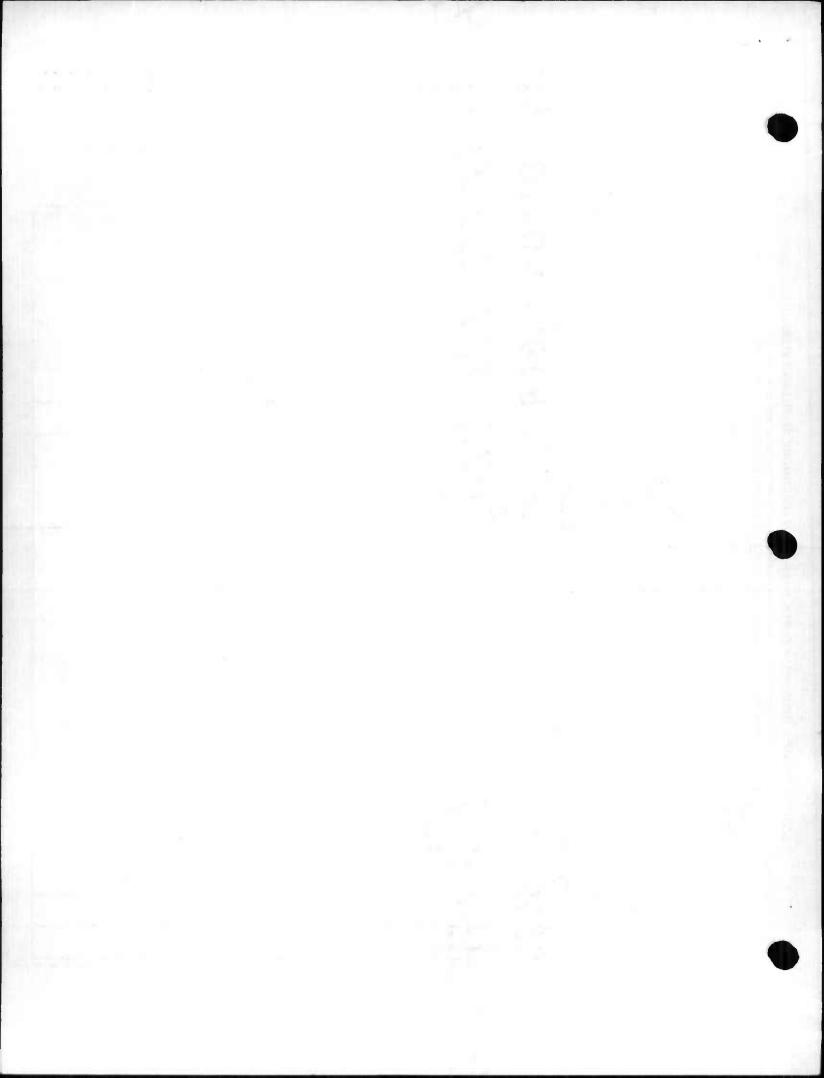
ITEMS	0	23	thru	28f	per	ME
G-670		12	15/90:	Cm		

0/U 12/.	3/ 30 CIII		
FOR STATE	*	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
DECIGEOAD		CERTIFICATE OF DEATH	

31654 90

	1 WM 2 F	55 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Biff Cou	THPLACE (State or Foreign nitry) Md.			
9a. FACILITY NAME (II not institution, give stin 2 Pavia Court A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		XX. a D Months Davis Hours Min. (Month, Day, Year)								
10s. STATE 10b. COUNTY	2 Pavia Court Apt. 3A Baltimor									
	to.	10c. CITY, T	OWN DR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10. STREET AND NUMBER 2 Pavia Ct. Apt.			10f	21237		IIS	10g. CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 XDivorced	12. WAS DECEDENT EVER FDRCES? 1 X YES IF YES, GIVE WAR DR	S 2 ND	ti yes, spi	ENDENT OF HISPAI ecity Cuben, Mexico 242 NO Specif	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) y:	ns or No— 14. RA Ble Spo	CE — American Indian, lock, White, etc. ecity: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	ON st of working	16b. KIND OF BI	JSINESS/INDUSTRY				
12	Restauran	t		Own						
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maide	n Sumame)					
Edgar Thibou 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a	Betty nd Number or Rural	Burke Route Number, City or To						
Edgar Thibou		- 125 F. DOS			lto., Md.					
20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	val from State	0b. PLACE OF DISPOSITI				Town, State				
4 Donation 5 Other (Specify)	Parkwood	Cem.		В	d.					
22. NAME AND ADDRESS OF FACILITY John C. Miller Inc. 6415 Belair Rd. Balto., Md. 21206 23. BART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,										
disease or condition a. ACUTE COCAINE INTOXICATION a. ACUTE TO (OR AS A CONSEDUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
CAUSE (Disease or Injury that Initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algnificant conditions	contributing to deeth	but not resulting in	the underlying	g cause given in		PRMED?	46. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 \(\sqrt{1}\) NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only one)					
XX YES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Or	utpetierit 3 🗆 DOA 4	THER:	s 5 Presidence	6 Other (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year		Y WC	PRK7	28d. DESCRIBE HOW					
2 Accident Investigation	11/11/90	DV At home from other		YES 2 ND	UNKNOWN		- LOW A Alice -			
3 Suicide 6 Could not be determined	building, etc. (S)	RY — At home, farm, atre pecify)	ret, rectory, orno		201. LOCATION (Street City or Fown, State BALTIMORE) 2 PAULA				
29s. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) MEDICAL EXAMINED	R: On the basis of examinal						e(a) and manner as stated			
29h. INGNOTURE AND TITLE OF CERTIFIER	y.			29c. LICENSE NU OCME	MBER	1	ED (Month, Day, Year) -12-90			
OCME ► 11-12-90 20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRANK PERETTI, MD 111 Penn Street, Baltimore, MD 21201										

VC



The services that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

The services has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be considered by the transition or removal. TO THE HOSPITAL OR ATTENTION TO THE FUNERAL DIRECTORS DO filed within 72 hours

	1 - FOR STATE OF REGISTRAR Barbara C. Wilins		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	00 01000
	1. DECEDENT'S NAME (First, Middle, Last) Baybard Wilin	ski		2. DATE OF DEATH DAY	YEAR 0 10:43 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 1/2 F	HT YRS. MC	UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	(Monthy Day, Year) 11/10/43	altimore
TOR	9a. FACILITY NAME (If not institution, give street and number) University Hospital RESIDENCE OF DECEDENT		Baltimore City		TY OF DEATH
DIRECTOR	Maryland Baltimore		OWN OR LOCATION	All The	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100, STREET AND NUMBER 1007 Kayden Lane		101. ZIP CODE 21221	10g. CITIZ	EN OF WHAT COUNTRY?
B⊀	1 Nover Married 2 Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or to the control of the control o	(Give kind of word life. Do NOT use in Account.	k done during most of working etired.)	166. KIND OF BUSINESS/INDO	JSTRY
	17. FATHER'S NAME (First, Middle, Last) Edward F. Donnelly			ME (First, Middle, Maiden Surname)	-1-
TO BE	19s. INFORMANT'S NAME (Type/Print)			Julia F. Dember Route Number, City or Town, State, Zip	Code)
F	20s. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITI	ON (Name of cemetery, cremetory or	imore Maryland	
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Secred Hear	t of Mary Cemet	tery Baltimon	re. Maryland
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	Tu	22. NAME AND ADDRESS OF FA Bruzdzinski Fu 1407 Old Easte	ineral Home PA ern Ave Baltimon	21221 re Maryland
	23. PART I. Enter the diseases, or complications it shock, or heart failure. List only one or iMMEDIATE CAUSE (Final disease or condition resulting in death)		enter the mode of dying, suc	h as cardiac or respiratory arm	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Caudic & OF AS A CONSEQUENCE OF):	asystolic :	upisodes	2 days 1 numth
ERTIF	that initisted events resulting in death) LAST	o (or as a consequence of):			1 nunth
AL	PART II. Other significant conditions contributing of the Nacroling Suburtane	ous process.	heumatoid	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDIC	authoritis, supremie 1	ipus, endoca	rautis		1 TES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Appellent 2		26. PLACE OF DEATH (C) OTHER: Nursing Home 5 Residence		
ву РНУ	27. MANNER OF DEATH 28a. DATE (Month,	OF INJURY 25b. TIME (Day, Year) INJUR	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	CURED
		OF INJURY — At home, farm, atro g, etc. (Specify)		251. LOCATION (Street and Number City or Town, State)	or Rurel Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2				
8	296, BIGNATURE AND TITLE OF CERTIFIER 1. Ma Xuu Sm md	PAY2 Sury	Res. 29c. LICENSE NU	MBER 29d, DATE	E SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	WSE OF DEATH (ITEM 27) (Type, P	rint)	The Park	
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATURE			

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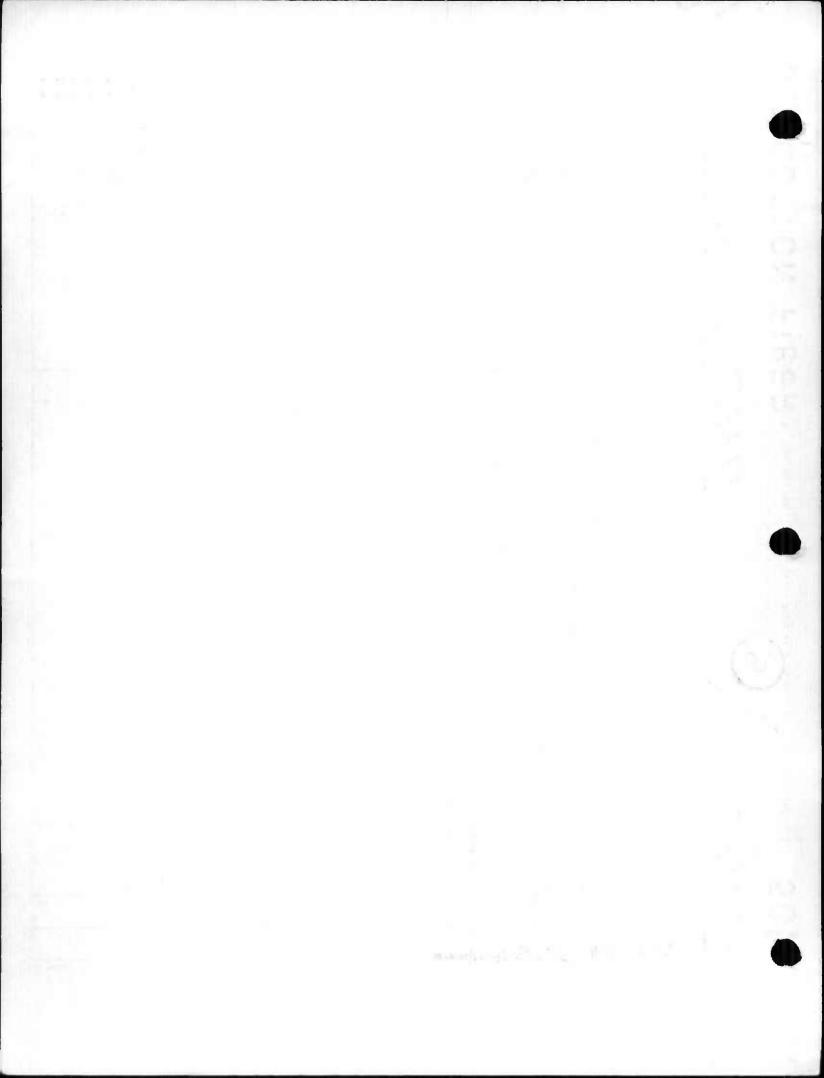
1 - FOR STATE REGISTRAR

	9	fillad
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the county bertificate be executed within 2 mg	and make a second of the second secon
HOS.P.	A Transmit	
RECO	requires	A
TAL	The law	A to the first
OF VI	PHYSICIAN:	of in and the
NOISIN	OR ATTENDING	SOUTH AND AREA
-	HOSPITAL	Commence.
	H	-

1	1. DECEDENT'S NAME (First, Middle, Las	Marie W	right					MONTH	OF DEATH	r 14,	YEAR 1990	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	at birthday)	IF UNDER 1 Y	EAR IF UN	DER 24 HRS.	7. DATE C	F BIRTH			ACE (State or Foreign
	215-70-7024	1 D M 2 📈 🖔	30	YRS.	MONTHS D	NYS HOUF		(Month,	- 02 - (50	Country)	MD
	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOC	ATION OF D				TY OF DEA	
e l	Maryland Genera	1 Hospita	al al		Bal	timor	e Cit	У				
	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	пту		10c, CIT	Y, TOWN OR L	OCATION					Tie	Dd. INSIDE CITY
DIRECTOR	MD				BALTI		CI	TV				LIMITS?
	10e. STREET AND NUMBER				JALII	101. ZIP C		1 1		10g. CITIZ		AT COUNTRY?
ER/	532 W. HO	FFMAN	ST.				2120	2			USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES	RMED (40	If ye	s, specify C	IT OF HISPA uben, Mexico NO Specif	an, Puerto R	? (Specify Ye ican, etc.)	s or No-	14. RACE Black, \ Specify:	American Indian, White, etc. BLACK
	15. DECEDENT'S EI (Specify only highest gra	DUCATION de completed)			USUAL OCCU		orkina	16b.	KIND OF BU	ISINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 8	- 4	le. Do NOT us	e retired.)	y 11.001 Or 11.	or rorry					
MP	8th			JNEME	PLOYE							
8	17. FATHER'S NAME (First, Middle, Last)	т							liddle, Malder	1111		
B	CLEO WRIGH 19s. INFORMANT'S NAME (Type/Print)	1		OF 815 M M	ADDRESS (S		EARTI		GREEN		0-4-1	
2	EARTHA GREE	NE			V. HO							21202
	29s. METHOD OF DISPOSITION	IV C			SITION (Name					DICATION -		
	1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State			N STA							E, MD.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7		22. NA	ME AND AD	DRESS OF F	ACILITY				
	WM.C. MARCH F.H. 1101 E. NORTH AVE											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
CATION	Sequentially list conditions, if eny, leading to Immediate Due to (or as a consequence of): Endocarditis and myocardial Infarction Due to (or as a consequence of):											
MIFI	cause. Enter UNDERLYING CAUSE (Disease or injury that inklated events resulting in death) LAST c. Pulmonary embolus DUE TO (OR AS A CONSEQUENCE OF):											
S S	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?										WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE	
MED										2. <u>6</u> µw0		F DEATH?
NAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1800 HOSPITAL: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
PHY	27, MANNER OF DEATH 1 X Natural 8 Pending		Dey, Year)	28b. TIN	JURY	IC. INJURY A WORK?		28d. DES	CRIBE HOW	INJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not 6 4 Homicide detarmined	28e. PLACE	OF INJURY — At I	home, farm,	atreet, factory	, office			ATION (Street or Yown, State	t and Number	or Rural Ro	ute Number,
COMPLET	20a. CERTIFIER (Check only one) 1 CERTIFYING PH											
	29b. SIGNATURE AND TITLE OF CERTIF				on, in my opii				and place, i		CONTRACTOR OF	
BE	290. SIGNATURE AND TITLE OF CERTIF	Anger	21 1	10		29c.	LICENSE NU				1 (14)	Worth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH (II	EM 27) /3~	Print)			-		1	1171	70
	ANISA ADADA, 31. DATE FILED (Month, Day, Year)	M.D.	C.		ryland	Gene	ral	lospii	al			
	NOV 1 9 1990											
	1990	July Variet	ent-Manda									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90 31656



TO BE COMPLETED BY FUNERAL DIRECTOR

medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

1 🛭 Natural

2 Accident
3 Suicide

4 Homicide

5 Pending Investigation

IMPORTANT: If Item 28 is marked, or

FOR STATE REGISTRAR	STATE OF M			TMENT OF H	EALTH AND I		GIENE B. NO.	90	31657
1. OECEDENT'S NAME (First, Middle, Las	()			IOAIL OI	DEATH	2. OATE OF OE	ATH	3. TI	ME OF DEATH
ANNABELLE WILI	LIAMS					MONTH	DAY 15	YEAR 90	0030 AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	гн		E (State or Foreign
231-32-7204	1 □ M 2½5kF	64	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 1	17/1	V A	
9a. FACILITY NAME (If not institution, give	e atreet and number)			9b. CITY, TOWN	OR LOCATION OF DI			NTY OF OEATH	
UNION MEMORIA	HOSPITAL			BALTIM	ORE				
RESIDENCE OF DECEDENT									
MD 10a. STATE 10b. COU	NTY			Y, TOWN OR LOCA LTIMOR					INSIDE CITY LIMITS? YES 2 \(\) NO
10e. STREET AND NUMBER				10	. ZIP COOE		10g. CIT	IZEN OF WHAT	COUNTRY?
446 NORTH P	ATTERSON	PARK	AVE.		21231			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	If yea, ap	ENDENT OF HISPAI ecify Cuban, Mexica 2 NO Specif	in, Puarto Rican, e		Specify:	merican Indian, ita, atc.
15. DECEDENT'S E (Specify only highest gri	DUCATION	16a. D	ECEDENT'S	USUAL OCCUPATI	ON	16b. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) //	a. Do NOT us	work done during mo se retired.)	ist or working				
7th Grade		I	omes	tic					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
ALEXANDE	R	OVERT	ON		FREI) A		OVERT	ON
19a. INFORMANT'S NAME (Type/Print)) Woodhave				1000
GEORGE L. WI	LLIAMS	-3	800	MOODLA	UN AVE	/BALT	MORE,	MD. 2	1225
20a, METHOD OF DISPOSITION Burial 2 Cremation 3 R Comparison 6 Other (Specify)	amoval from Stata	WEST	viace)		metery, cremetory or EMETERS	. 1.	CATONS		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY			
· antly	[.wal]	-		WM.C	. MARCI	H F.H.	1101	E. NOF	RTH AVE.
23. PART I. Enter the disease's, o shock, or heart failured immediate CAUSE (Final disease or condition resulting in death)	or complications that re. List only one ceu a. Revol OUE TO	se on each lin	ю.		ode of dying, suc	ch as cardled o	r respiratory a	rreat,	Approximate Interval Between Onset and Danth
Sequentisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Concer	(OR AS A CONS	e Ce	Nix					11-9-10 11-1 Many Ma
PART II. Other algnificant condit	Problem 3						MAS AN AUTOPSY PERFORMED? YES 2 10 NO	AWAI COM OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				2A E	LACE OF OEATH (C	hack only one)			
EXAMINER?	HOSPITAL:	E9/Outpetlent	2 DOA	OTHER:		8 Other (Son	.46.1		

27, MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year)

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY

M cause 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building. atc. (Specify)

11-15-90

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

N/A

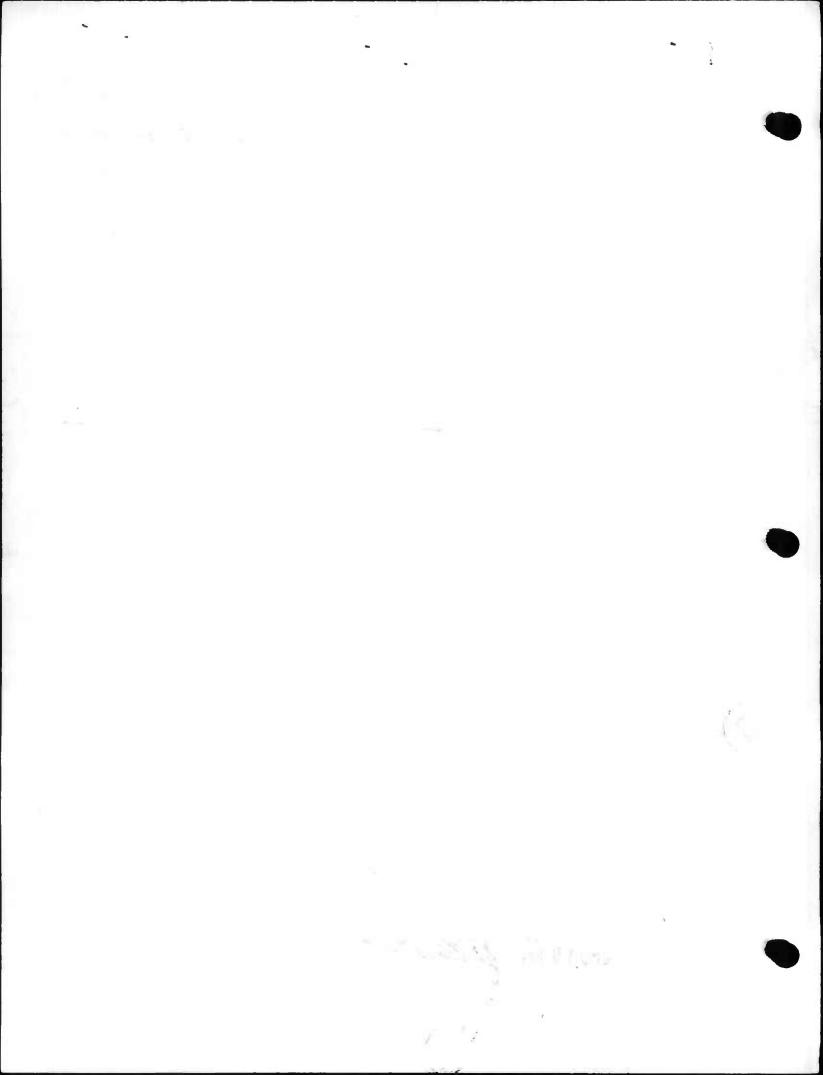
GEORGE FAKHOURY M.D. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6911 6 Dmachie BALTSMORE. M.D.

31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE

11-15-93

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Pages 1, 2, 3 should

permit.

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Page	dire		9
) THE HOSPITAL DR AFFERDAR PHYSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained) THE FUNERAL DIRECTION AND THIS SENTINGUIS BEEN SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should		APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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ed with	omplet	i filed within 72 hours and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
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2 Accident

3 Suicide

COMPLETED

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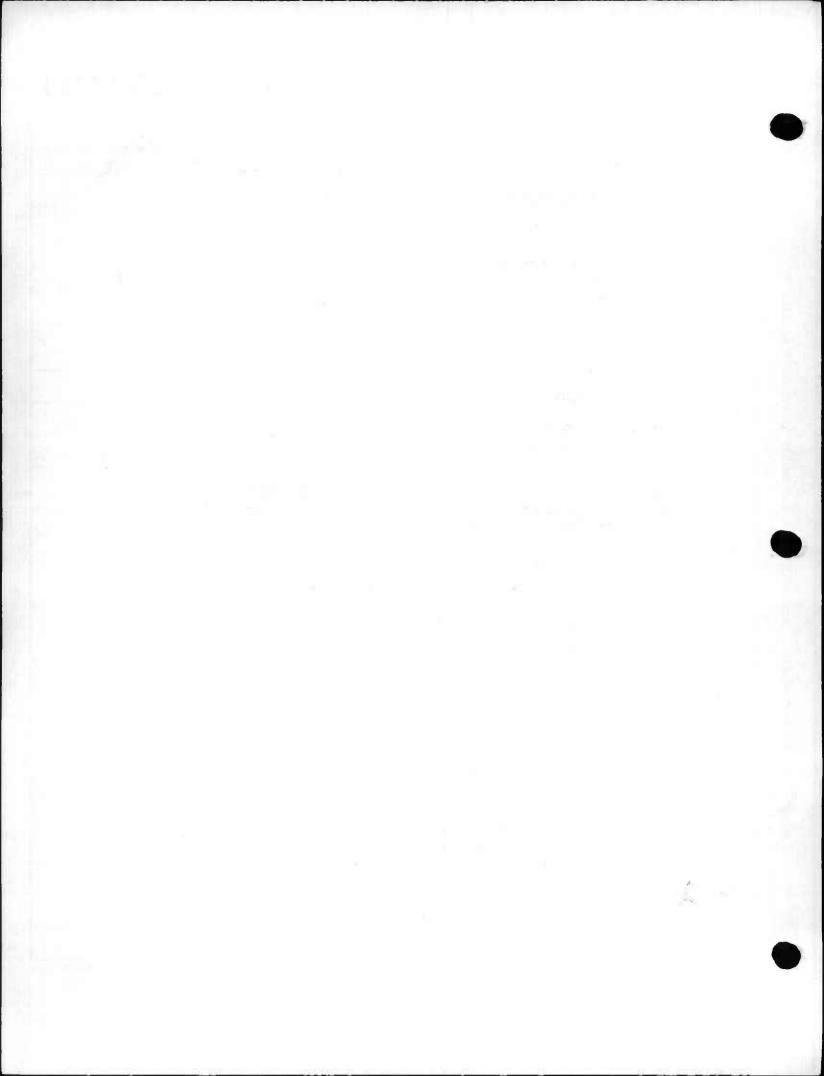
90 31658 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nov.17, 1990 YEAR Mary H. Waggener 7. DATE OF BIRTH (Month, Day, Year) 10/09/11 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 304-05-2745 1 - M 2 - F 79 YRS. Indiana 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4208 Hollins Ferry Road Lansdowne Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Lansdowne 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 4208 Hollins Ferry Road 21227 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE -- American Indian, Black, White, etc. If yes, specify Cu 1 Never Married 2 Married Specify: White 1 TES 2 NO Specify BY 3 Widowed 4 Divorced n/a no 9 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ET intary/Secondary (0-12) College (1-4 or 6+) COMPL 12 Homemaker self 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Edward Hickman Ada Pitcher BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 6554 Pampano Glen Burnie Judith Waggener Md 21061 20e. METHOD OF DISPOSITION

1 M Burlel 2 Cremation 3 1

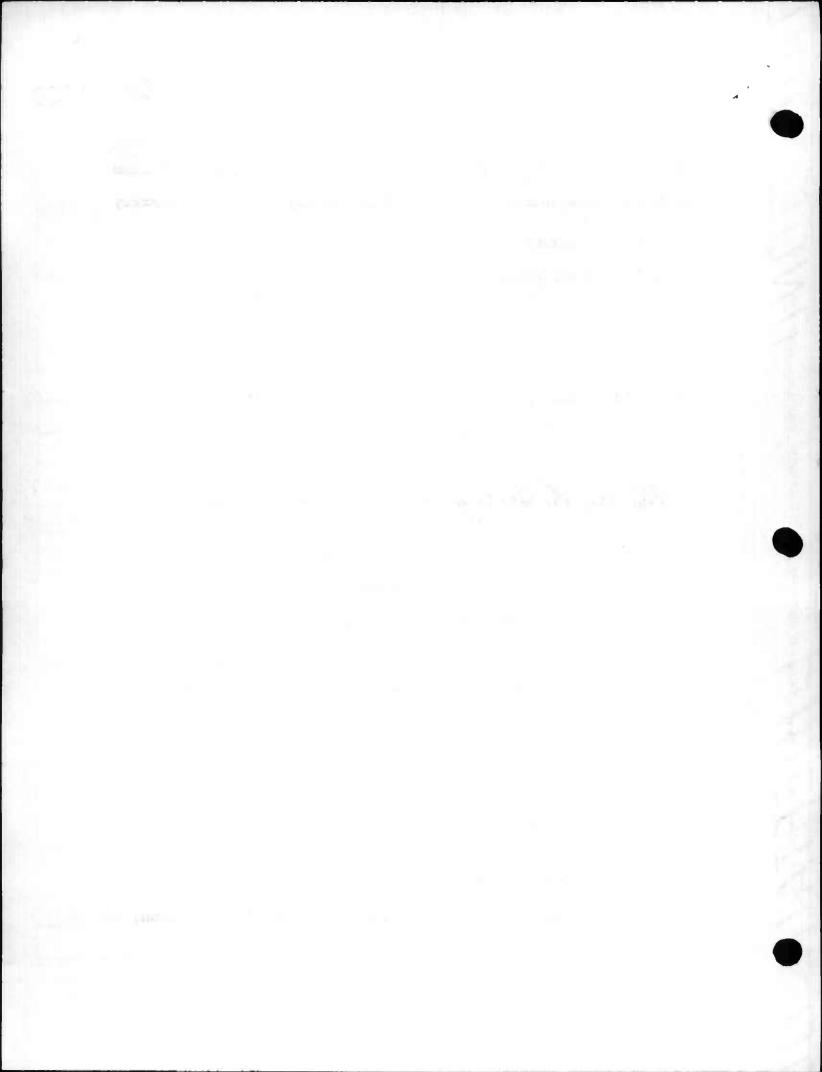
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State on 3 - Removal from State Loudon Park Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AMDROSE FUNETAL HOME 1328 Sulphur Spring Road, Arbutus, Md valles fred 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause or each line. Interval Betw **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): incles CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL 24a. WAS AN AUTOPSY PERFORMED? COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER

Though make 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) lurena D 01786 11/19/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print) Laurence R. Gallager, M.D. 3455 Wilkens Avenue Baltimore, Md. 21229 NOV 1 J 1990 32. REGISTRAR'S SIGNATURE his Davidson-Randell



2 F 7 Cumber) Prue Prue Deceoent ever CES? 1 Ver Ses, OIVE WAR OR 1 (1-4 or 5+) Left State 2	E (In yrs. lest ble 9) 1 R IN U.S. ARMEI S 2 MO DATES 16a. DECEL (Give life. Do 19b. M 735	DENT'S USUAL WORK OF NOT USE PRINCE Chef	TY, TOWN LVET NOR LOCA Spr 10 3. WAS DE If yes, se 1 VE OCCUPATI Se during m (Name of ce	ing M. ZIP CODE 20910 CENDENT OF HISPAI pecify Cuben, Mexice s 2 [X NO Specifi ION cet of working 18. MOTHER'S NA Zie Ch and Number or Rural ring Aver	NIC ORIGIN? (5 In, Puarto Rica y: 18b. KII MME (First, Middon Ceung) Route Number,	DAY 7 BIRTH 19, Year) 11 9c. MK 10g UI Specify Yea or N n, etc.)	a. BIII Co. CI COUNTY O O O O O O O O O O O O O O O O O O O	POONTHPLACE (State or Foreign unity) nina F DEATH METY 10d. INSIDE CITY LIMITS? 1 M YES 2 NO OF WHAT COUNTRY? States ACE — American Indian, alack, white, etc. pecify: iental Y
2 F 7 Cumber) Prue Prue Deceoent ever CES? 1 Ver Ses, OIVE WAR OR 1 (1-4 or 5+) Left State 2	19 19b. M 735	DENT'S USUAL WORK OF NOT USE PRINCE Chef	IVER NOR LOCAL SPR 10 10 10 10 10 10 10 10 10 10 10 10 10	NON COST OF MISSAN COST OF MORE SPECIFICATION OF DE 20910 CENDENT OF HISPAN POCITY CUBEN, MOXICE S 2 12 NO Specification of Morring 18. MOTHER'S NA Zie Chand Number or Rural ring Aven	(Month, D. 6 / 2 / 6 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	I 1 9c. Mk 10g UI Specify Yea or N nn, etc.) Embass Embass (City or Town, Sta	COUNTY OF COUNTY	Intrology 10d. Inside city Limits? 1 12 Yes 2 1 No 10f what country? States ACE — American Indian, pecify: 1 ental Y
POUCE PECEDENT EVER CES? 1 YES SES, OIVE WAR OR 1 (1-4 or 5+) Fe) Stata	R IN U.S. ARMEIS 2 NO DATES 16a. DECEI (Give info. Do 19b. M 735	Silver DENT'S USUAL Work dor NOT use retired Chef	Spr Spr Spr Spr Coccupation during m Co	Spring TION Ing M. ZIP CODE 20910 CENDENT OF HISPAI pecify Cuban, Mexice s 2 XNO Specifi ON OST OF WORKING 18. MOTHER'S NA Zie Ch and Number or Rural ring Aven	NIC ORIGIN? (5 In, Puarto Rica y: 18b. KII MME (First, Middon Ceung) Route Number,	In Michael In Michael	ontgor crizen o ited o- 14. R or: or: ss/industri Sy ame)	10d. INSIDE CITY LIMITS? 1 M YES 2 NO OF WHAT COUNTRY? States ACE — American Indian, leck, White, etc. pecify: iental y
DECEDENT EVER DESP. 1 YE'S, OIVE WAR OR (1-4 or 5+)	R IN U.S. ARMEIS 2 NO DATES 16a. DECEI (Give info. Do 19b. M 735	DENT'S USUAL Wind of work dor NOT use retired Chef	Spr 10 3. WAS DE 11 yes, at 1 yes OCCUPATION during m 1.	ing M. ZIP CODE 20910 CENDENT OF HISPAI pecify Cuben, Mexice s 2 [X NO Specifi ION cet of working 18. MOTHER'S NA Zie Ch and Number or Rural ring Aver	ME (First, Middana Route Number, Paute Number, Paute Number, Route Number, Paute Numbe	Ur Specify Yea or N n, etc.) ND OF BUSINES Embass ite, Maiden Surni	nited 14. R S Or: SS/INDUSTR	LIMITS? 1 M YES 2 NO FF WHAT COUNTRY? States ACE — American Indian, lack, White, etc. pacify: iental Y
DECEDENT EVER CES? 1 YES SES, OIVE WAR OR 1 (1-4 or 5+)	199b. M 735	DENT'S USUAL dind of work don NOT use refrec Chef ARLINO ADDRE -Silve DISPOSITION (3. WAS DEE If yes, at 1 VE. OCCUPATION during miles.	20910 CENDENT OF HISPAI pecity Cuban, Maxica s 2 No Specifi ON cost of working 18. MOTHER'S NA Zie Ch and Number or Rural ring Aven	ME (First, Middana Route Number, Paute Number, Paute Number, Route Number, Paute Numbe	Ur Specify Yea or N n, etc.) ND OF BUSINES Embass ite, Maiden Surni	nited 14. R S Or: SS/INDUSTR	States ACE — American Indian, lack, White, etc. pecify: iental y
CES? 1 VE: S. OIVE WAR OR (1-4 or 5+)	199b. M 735	DENT'S USUAL dind of work don NOT use refrec Chef ARLINO ADDRE -Silve DISPOSITION (ff yes, at 1 VE: OCCUPATION during miles SSS (Street ex Sp. (Name of co.)	pecity Cuben, Mexices 2 12 NO Specification ON Specification of Working 18. MOTHER'S NA Zie Ch and Number or Rural ring Aven	ME (First, Middana Route Number, Paute Number, Paute Number, Route Number, Paute Numbe	in, etc.) ND OF BUSINES Embass lie, Maiden Surni	SS/INDUSTR	leck, white, etc. pecify: iental y
(1-4 or 5+) .fe)	19b. M 735	Chef Allino addre —Silve Disposition (ess (Street Sp	18. MOTHER'S NA Zie Ch and Number or Rural ring Aven	ME (First, Midd neung Route Number,	Embass ille, Maiden Surni City or Town, Sta	SY ame) ate, Zip Code,	,
State 2	735 other place)	AILINO ADDRE	er Sp	Zie Ch and Number or Rural ring Aver	neung Route Number,	lle, Maiden Surni City or Town, Sta	ame)	
State 2	735 other place)	-Silve	er Sp	and Number or Rural ring Aver	Route Number,			
State 2	735 other place)	-Silve	er Sp	ring Ave				
State 2	20b. PLACE OF other place)	DISPOSITION	(Name of co		Ide, DI.	TACT DI		MD 20010
				minoterly, Grentiellory Or				r Town, State
0		11000111	ngto	n Cemeter	CV	Adelph	ni,Mar	ryland
Belar	rece) 3 3	2. NAME / . Wil	Liam Lee th St.,NI	s Son	s Compa	any Fr	uneral Home 0002-5816
Cerebr Due to (or as	s a conseque al ar s a conseque	ence of): terio ence of):	scle					Onset and Da
			.5					
		2		ng cause given in	12.0	PERFORMED)?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
				PLACE OF DEATH (C	heck only one)			
atlent 2 - ER/O		DOA 4 🗆 P	Nursing Ho					
		ISS. TIME OF INJURY M	W	ORK?	28d. DESCR	IIBE HOW INJUI	RY OCCURE	D
building, etc. (S	JRY — At home Specify)	, farm, street, 1	factory, off	ice			Number or Ru	ral Route Number,
								rse(a) and manner as stated
Qu ,		N.						NED (Month, Day, Year) . / 8 / 9 0
, M.D.			30 2	24th St.	NW V	Washin	ngton	DC 2003
	DUE TO (OR A Cerebr DUE TO (OR A Cerebr DUE TO (OR A diabet DUE TO (OR A diabet DUE TO (OR A DU	auricular f DUE TO (OR AS A CONSEQUE CEREBRAL AR DUE TO (OR AS A CONSEQUE CEREBRAL AR DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE CULTURE TO (OR AS A CONSEQUE	tions that could the death. Do not entered to be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be compared to the could be could be compared to the could be could be compared to the could be coul	tions that could the death. Do not enter the many one couse of each line. auricular fibrillat: DUE TO (OR AS A CONSEQUENCE OF): Cerebral arterioscle DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): cutling to death but not resulting in the underlying to death but not resulting in the underlying right hemiplegia TTAL: atlent 2 = ER/Outpatient 3 = DOA	tions that could the death. Do not enter the mode of dying, and one couse of each line. auricular fibrillation DUE TO (OR AS A CONSEQUENCE OF): Cerebral arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): cuting to deeth but not resulting in the underlying cause given in right hemiplegia Tight hemiplegia 28. PLACE OF DEATH (CITAL: atlent 2 DATE OF INJURY AT INJURY MINJURY	tions that could the death. Do not enter the mode of dying, such as cardiac one couse of each line. auricular fibrillation DUE TO (OR AS A CONSEQUENCE OF): Cerebral arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): cutling to death but not resulting in the underlying cause given in Part I. right hemiplegia 1 TTAL: atlent 2 = ER/Outpatient 3 = DOA	tions that cause the death. Do not enter the mode of dying, such as cardiac or respirator one ceuse on each line. auricular fibrillation DUE TO (OR AS A CONSEQUENCE OF): Cerebral arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): Duting to deeth but not resulting in the underlying cause given in Part I. right hemiplegia 28. PLACE OF DEATH (Check only one) ITAL: attent 2 = ER/Outpettent 3 = DOA	tions that could the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, rone ceuse of each line. auricular fibrillation DUE TO (OR AS A CONSEQUENCE OF): Cerebral arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF): buting to death but not resulting in the underlying cause given in Part I. right hemiplegia 28. PLACE OF DEATH (Check only one) ITAL: 28. PLACE OF DEATH (Check only one) ITAL: 28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 (Asaidence 5 Other (Specily) 1 YES 2 NO Duilding, etc. (Specily) 1. PLACE OF INJURY At home, farm, street, factory, office 29d. LOCATION (Street and Number or Richly of Rown, Stelle) 1116 (DC) 1116 PETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7 N. D. FACP 730 24th St. NW Washington. REOISTRAR'S SIGNATURE



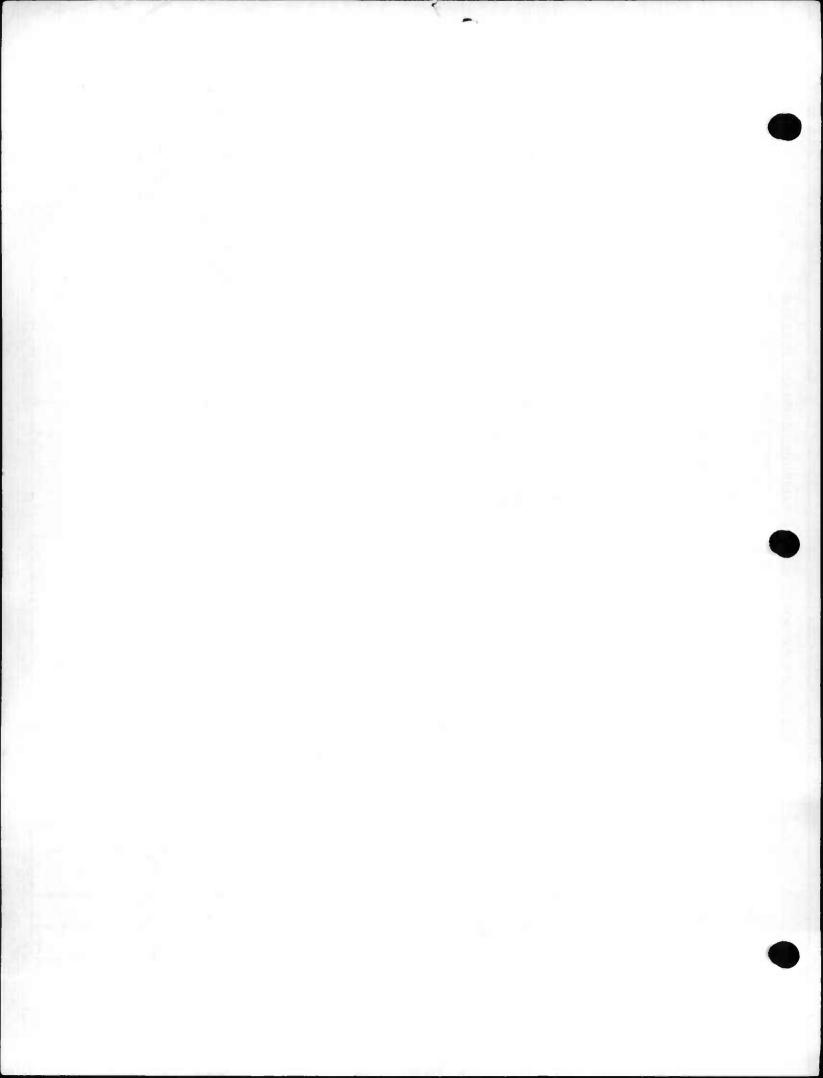
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within surfours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

REGISTRAR			CERTIF	ICATE	OF H		RE	G. NO.		J 316
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
Herman		1	Wyre				MONTH 11	11 9	90ean	6:03
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	s. last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	6. BIRTHI Country	PLACE (State or Foreign)
a. FACILITY NAME (If not institution, give		22	THS.	Oh CITY	TOWN 0	R LOCATION OF DE	4-7-6		Mar	yland
Union Hospital		Count	37	SUL CHIT,		kton	AIR	100	Ceci	
ESIDENCE OF DECEDENT		Courte						`		
Maryland 10b. COUNT	Cecil	Count		TY, TOWN OF		ION				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Count	· Y	NFA		ZIP CODE		10g, CITIZ	ZEN OF W	1 YES 2 NO
NFA								US		
11. MARITAL STATUS	12. WAS DECEDE					ENDENT OF HISPAN		city Yes or No-	14. RACE	- American Indian,
Never Married 2 Married Never Married 2 Married Never Married 2 Divorced		1 YES 2				2 NO Specify		etc.)	Specif	White, atc.
	HOATION	Lan								hite
15. OECEDENT'S EDU (Specify only highest grad	le completed)		(Give kind of life. Do NOT u	work done du			16b. KINU	OF BUSINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 6	+)	The section of	362						
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA				
JOSEPH WY	RE					VIV	IAN A	GNES I	DIRK	
9a. INFORMANT'S NAME (Type/Print)								y or Town, State, Zip		22224
JOAN REARDON					_			Spring		
Da. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ren	moval from State	20b. PLA othi	ACE OF DISPO er place)	SITION (Nam	ne of cem	netery, crematory or		20c. LOCATION —	City or To	wn, Stata
Donation 5 Other (Specify)						ID ADDRESS OF FA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	HANGING				4					Onset and I
	DUE TO	OR AS A CON	NSEQUENCE O)F):						
Sequentially list conditions,	b	OR AS A CON	NSEQUENCE C	OF):	,					
If any, leading to immediate cause. Enter UNDERLYING		·								
CAUSE (Disease or injury that initiated events	DUE TO	O (OR AS A CON	NSEQUENCE C)F):						
resulting in death) LAST	d									
PART II. Other algnificant condition	one contributing to	o death but r	not resulting	In the unc	derlyinç	cause given in		WAS AN AUTOPSY	24b.	WERE AUTOPSY FINE
								PERFORMED?		AVAILABLE PRIOR TO
							_ "			OF DEATH? 1 ☐ YES 2 ☑ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			071150		ACE OF DEATH (Ch	neck only one)			
1X YES 2 NO	1 Inpatient 2	XER/Outpatier	nt 3 🗆 DOA		lng Hom	e 5 🗆 Residence	6 - Other (Spec	clfy)		
1 Netural Style Pending	28a. DATE O (Month,	Day, Year)			28c. INJ WO			E HOW INJURY OC		
2 Accident Investigation		/90		OMI		res 2 X NO	SUBJEC			
3 🖺 Suicide 6 🗌 Could not be	JAIL	OF INJURY — A	At nome, tarm,	street, Incto	ary, offici		City or Tow		L. CO.	DENTENTI
4 Homicide determined	UALL	لللثاثا					CENTER	ETVION,	MAR	(LAND
AA- CERTIFIER	21/2012	Company of the Company		e a a la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della com		and the second		11 FR		to duple the Value
29a. CERTIFIER (Check only contact)	SICIAN: To the best of									
29a. CERTIFIER (Check only one) 2 1 CERTIFYING PHY:	NER: On the basis of					leath occured at the	time, data and p	place, and due to th	e cause(a) and manner as stat
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY: 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	NER: On the basis of						time, data and p	place, and due to th	e cause(a) and manner as star (Month, Day, Year)
29s. CERTIFIER (Check only 1 CERTIFYING PHYS	NER: On the basis of Duckt	examination and	d/or investigati	ion, In my op		leath occured at the	time, data and p	place, and due to th	e cause(a) and manner as stat



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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should refer to burial, cremation, or removal.

The first hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The medical examiner must be notified at once. ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

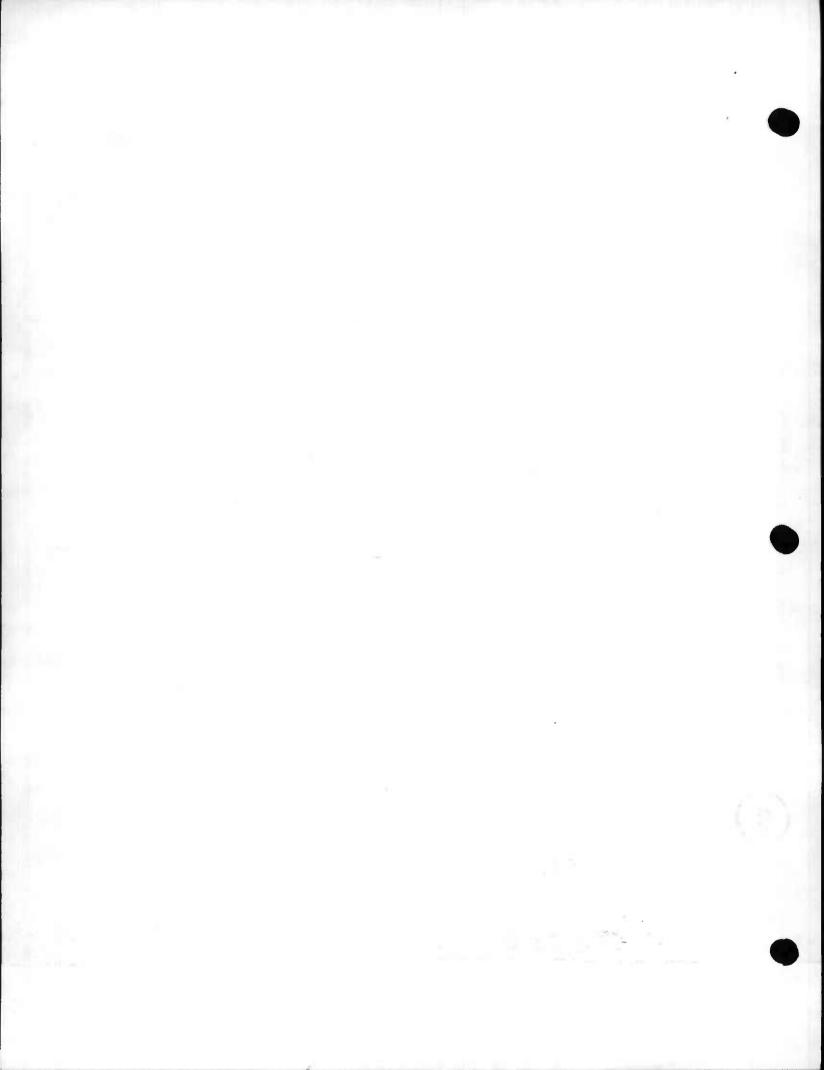
1	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				TIME OF DEATH
		JOHN		F.		YOU	NG			монтн 1 1	16	_	90	10:56 A M
	4. SOCIAL SECURITY NUMBER		5. SEX	6, AGE (in yrs. last	birthday)	IF UNDER		IF UNDER	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTHPL	ACE (State or Foreign
	218-05-6		1 💢 M 2 🗆 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.		1.4 = 2		Country)	NC
œ	9a. FACILITY NAME (# not in	_				9b. CITY			ION OF DE			9c. COUN	VTY OF DEA	тн
0,	4701 W. B	ETAGE 6TAGE	re Avenu	e 			Ba.	timo	ore C	ity		<u> </u>		
DIRECTOR	MD	10b. COUNTY				y, town o Balt							- 1	M. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 2300 Cal	verto	n Hghts	3			to	. ZIP COD	E			10g. CITI	ZEN OF WH	AT COUNTRY?
N.	11. MARITAL STATUS			Y EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN? (S	Specify Yea	or No-	14. RACE -	- American Indian,
F	1 Never Married 2 📉		FORCES? 1	YES 2	0		If yes, sp	ecity Cubi	en, Mexica Specify	n, Puerto Rice	n, etc.)		Black, \ Specify:	White, atc.
BY	3 Widowed 4 Divo	rced	194	3-19	45			2 M	Specify				ариспу.	Black
		EDENT'S EDUC y highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATI	ON ost of work	Ina	18b. Kil	ND OF BUS	ENESS/IND	USTRY	
COMPLETED	Elementary/Secondary (Cottege (t-4 or 5	ille.	Do NOT u	e retired.) tati				Ва	alti	more	Cit	У
NO.	17. FATHER'S NAME (First, M									ME (First, Midd				
BE C	John Fran		ng							е На				
5	Pearl You	,,		191	2 3 0 (O Ca	1 ve	rto	n Hg	hts,	Bal	n, State, Zip t 1 m C	ore,	MD
	20y: METHOD OF DISPOSIT t Durial 2 Crematic 4 Donation 5 Other	on 3 🗆 Ram	oval from Stata	20b. PLACE other ple	(en					ans			City or Town	s, Stota
	21. SIGNATURE OF FUNERA	L SERVICE LIC		1	/	22. T	NAME A	ND ADDRE	ESS OF FA	ciuty Brown	гн			
	· Cha	~	<i>-</i>	Brow	, _	1	913	W.	Ва	ltimo	re S	t.,		o., MD
	23. PART i. Enter the d shock, or h		complications the List only one ca			not enter	the me	ode of dy	ying, auc	h aa cardlad	or reap	ratory sm	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Fig disease or condition					,								Onset and Death
	resulting in desth)	→	s. Hyper	COR AS A CONSE			scul	ar I	ea	se				
z	A TOTAL MANAGEMENT		b											
MEDICAL CERTIFICATION	Sequentially liet condit if any, lesding to imme cause, Enter UNDERLY	diete	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
FIC	CAUSE (Disease or injuthat initiated events		eDUE TO	OR AS A CONSEC	DUENCE O	F):							<u>-</u>	
E	resulting in deeth) LAS	ST	d											
ö	PART II. Other algnifica	ant condition	e contributing to	death but not r	eaulting	In the ur	oderlylr	C COURS	alvea in	Part I 24	Ia. WAS AN	AUTORY	24h W	VERE AUTOPSY FINDINGS
S	Chronic A			deeth but not i	eauting	m the or	luoriyii	ig couse	given in		PERFOR	RMED?		MAILABLE PRIOR TO
ED	CILOTIC_I	AICOHO.	115III							— l,	X YES 2	NO I		F DEATH? XÎ YES 2 □ NO
										— j	(HEAD	ONL:		V LES 5 NO
¥	25. WAS CASE REFERRED T	O MEDICAL						LACE OF	DEATH (Ch	eck only one)				
Sign	1 (X YES 2 □ NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne 5 X	Residence	8 Other (S	Specify)			
PHYSICIAN:		Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. T#	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCR	MBE HOW	NJURY OC	CURED	
ED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined		OF INJURY — At he	me, farm,	street, fac	tory, offi	ca			ON (Street Town, State)		r or Rural Ro	ute Number,
	and CERTIFIED													
COMPLETED	(Check only		R: On the best of											and menner as stated.
	296. SIGNATURE AND TITL		11/1						CENSE NU					Month, Day, Year)
B	1011	2/	1						OCM			•	11-1	
2	ME HAME AND ADMIESS O	F PERSON WH	O COMPLETED CA	JSE OF DEATH (ITE	M 27) (Typ	e, Print)			CCFI					
	Frank J. I				nt	11:	l Pe	nn S	tree	t, Bal	timo	re, N	MD 2:	1201 vl
	3t. DATE FILED (Month, Day		The second second second	AR'S SIGNATURE										
	NOV 19	1441	gettie Davi	con-ponde	JUL."									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	HOSP of Figure of PHYSICIAN: The law requires that the death certificate be executed within L-, cours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL INFECTION FOR THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	within 72 and the state Dept. of Heath and Mental hygerie prior to buria, cremation, or removal.	TANT. If tem 2s is marked or item 23 shows any injury, or other treumatic event, the medical examiner must be notified at once.	
	TO THE HOS	TO THE FUNI	be filed with	IMPORTAN	

		CERTIFIC	CATE OF	DEATH	MENTAL H	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		YEAR	3. TIME OF DEATH
Bertha Mae Zi	mmerman				11	18	90	7:15 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)	RTH Year)	Coun	
220-32-2806	1 □ M 2 XXE 77	YRS.			(Month, Day)			Maryland
96. FACILITY NAME (II not institution, give Old Court Nur:	The state of the s			lallstown		9c.	Balt	cimore
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ITY	10c. CITY,	TOWN OR LOCAL	TION				10d. INSIDE CITY
Maryland	Baltimore		Baltimon					LIMITS?
10e. STREET AND NUMBER				. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
3436 Abbie Pla	ace			21207			United	l States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS OECEOENT EVER IN U.S. FORCES? 1 YES 2 1 IF YES, GIVE WAR OR OATES		II yes, sp	ENDENT OF HISPAN ecity Cuben, Mexice 2 NO Specify	n, Puerto Rican		Blac	E — American Indian, ck, White, atc.
15. DECEDENT'S ED (Specify only highest grad	de completed)	DECEDENT'S U (Give kind of wo life. Do NOT use	ISUAL OCCUPATION done during mo	ON est of working	16b. KINI	OF BUSINES		
12 years	College (1-4 or 5+)		sewife					
17. FATHER'S NAME (First, Middle, Last)			1001121	16. MOTHER'S NA	ME (First, Middle	, Meiden Surna	ma)	
Harry Marley				Mary	Heider	man		
19e. INFORMANT'S NAME (Type/Print)		196. MAILING	AODRESS (Street)	and Number or Rural			re, Zip Code)	
Mr. Ernest Gi	lbert Zimmerman	3436	Abbie	Place B	altimo	re, MD	2120)7
20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Rec	movel from State 20b. PLA	CE OF DISPOSI	TION (Nema of ce	netery, cremetory or Park Cem		20c. LOCATIO		
4 Donation 5 Other (Specify)	LICENSEE	LO		D ADDRESS OF FA		wood	tawn,	MD
· James	B. Cove	4				l Home Randal	lstowr	, MD 21133
	s. List only one cause on each	NO.		de of dying, suc				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated example.	DUE TO (OR AS A CON DUE TO (OR AS A CON C. DUE TO (OR AS A CON	CERCÍNISEQUENCE OF):		eeder			interval Betwe
disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. Clercle DUE TO (OR AS A CON DUE TO (OR AS A CON C. DUE TO (DR AS A CON d	SEQUENCE OF):	lan	Part I. 24a		/	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	DUE TO (OR AS A CONDUE TO (OR AS	CENTER ISEQUENCE OF SEQUENCE OF OT RESUlting in): n the underlyin	lan	Part I. 24a	. WAS AN AUTO PERFORMED:	/	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OR AS A CONDUE TO (OR AS A CONDUE TO (OR AS A CONDUE TO (DR AS	CERCIONES OF SEQUENCE OF SEQUE): n the underlyin 26. P	d acc	Part I. 24a	. WAS AN AUTO PERFORMED: YES 2	/	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OR AS A CONDUE TO (OR AS A CONDUE TO (OR AS A CONDUE TO (OR AS A CONDUE TO (DR AS	CERCIONES OF SEQUENCE OF SEQUE	26. P OTHER: 4 Nursing Hor WRY 28c. P	g cause given in	Part I. 24a 1 [neck only one) 6 [Other (Sp	. WAS AN AUTO PERFORMED: YES 2	10	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentieity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A CONDUE TO (OR AS	SEQUENCE OF) ISEQUENCE OF) ISEQUENCE OF) ISEQUENCE OF) ISEQUENCE OF) ISEQUENCE OF) ISEQUENCE OF)	28. P OTHER: 4 Nursing Hor WM NTY M 1	g cause given in	Part I. 24a 1 [neck only one) 6 Other (Sp 28d, DESCRIE	WAS AN AUTO PERFORMED! YES 2 AN BEHOW INJUR	Y OCCURED	b. WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OR AS A CONDUE TO (OR AS	CERCLE ISEQUENCE OF) ISEQUENCE	26. P OTHER: 4 Nursing Hor NPY M 1 1 Ireet, factory, officed at the time, dat	g cause given in	Part I. 24a 1 [Deck only one) 6 Other (Sp 28d. DESCRIE 28t. LOCATIO City or fo	WAS AN AUTO PERFORMED YES 2 WAS OCITY SE HOW INJUR N (Street and Ni	Y OCCURED umber or Rural as stated.	b. WERE AUTOPSY FINDINAMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OR AS A CONDUCTO (OR A	CERCLE ISEQUENCE OF) ISEQUENCE	26. P OTHER: 4 Nursing Hor NPY M 1 1 Ireet, factory, officed at the time, dat	g cause given in	Part I. 24a 1 [neck only one) 6 Other (Sp 28t. LOCATIO City or fo	was an auto PERFORMED! YES 2 AN Octiv) SE HOW INJUR N (Street and No. Wart, State)	y OCCURED umber or Rural as stated.	b. WERE AUTOPSY FINDIN- AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO



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	1 - FOR STATE OF MARYL REGISTRAR		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	90 31663		
	1. OECEDENT'S NAME (First, Middle, Last) RUDOLPH ALMARAZ			2. DATE OF GEATH MONTH	3. TIME OF GEATH 1992 10: 26 AK		
	. ® □ a 41	(In yrs. lest birthday) IF U	NDER 1 YEAR OF UNDER 24 HRS. THE DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 7-11-49	a. BIRTHPLACE (State or Foreign Country) Texas		
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF DI		9c. COUNTY OF DEATH		
TOR	2637 Mt. Carmel Rd.		Parkton		Baltimore		
DIRECTOR	Maryland Baltimore	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL D	10s. STREET AND NUMBER	Taik	101. ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?		
	2637 Mt. Carmel Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER II	NULL ARMED	21120 /	AND ORIGINA (Consider Version	U.S.A.		
BY	1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Olvorced	2 X NO	If yes, specify Cuban, Maxica 1XXYES 2 NO Specific	an, Puarto Rican, etc.)	Slack, White, etc. Specify: White		
TED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	lone during most of working	16b. KIND OF BUSI	NESS/INDUSTRY		
COMPLET	Elementary/Secondary (0-12) Collega (1-4 or 5 +) 16 yrs	Surgical	Oncologist	Medica			
00	17. FATHER'S NAME (First, Middle, Last) Jose Al maraz		18. MOTHER'S NA Enrique	AME (First, Middle, Maiden St eta G	arcia		
TO BE	19a. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural	Route Number, City or Town,			
	Betty Almaraz		. Carmel Rd.		. 21120 ATION — City or Town, Stata		
	1 Rurial 2 Commettee 3 Removal from State	Green Mount	11-17-90	Bal	timore, Md.		
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE	11.	22. NAME AND ADDRESS OF FA	Funeral Hom			
_	23. PART I. Enter the diseases, or complications that cause	d the death. Do not e	1050 York Rd				
	ehock, or heert fellure. List only one cause on e IMMEDIATE CAUSE (Finel disease or condition resulting in death) CATCL		٨	est	Interval Between Onset end Deeth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSEQUENCE OF:	A	monia	3wks.		
EH	resulting in death) LAST JHANNO OFFICIENCY. SYLAT						
MEDICAL	PART II. Other significent conditions contributing to death in Kaponia Sarcona	but not resulting in th	e underlying chase given in	1 Part I. 24a, WAS AN A PERFORM	MED? AVAILABLE PRIOR TO COMPLETION OF CAUSE		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OT	28. PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 VES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF OEATH 1 Netural 5 Pending 1 Inpetient 2 ER/Out 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		6 ☐ Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUREO		
TED BY	2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED BY	28s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my known (Check only 2 MEDICAL EXAMINER: On the basis of examinable				AND AND STREET, AND ASSESSMENT OF THE PARTY		
8	Sten. SIGNATURE AND TOKE OF CENTIFIER		DS2	ISC ISC	PM. DATE SIGNEO (Morth, Day, Year)		
e	OF HAME AND ADDRESS OFFERSON WHO COMPLETED CAUSE OF THE C	EATH (ITEM 27) (Type, Prin		Macylan	d Concer Cle.		
	NOV 2 U 1990 Julia Davidson -		0				

the contract of the D market market Just Williams The state of the s FOR STATE REGISTRAR

shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF		EPARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
LOUISE	G. ALESSI	ALessi	2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Last) LOUISE G. A	LESSI A	Less,	2. DATE OF DEATH	Y QYEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGI	E (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIRTHP	LACE (State or Foreign
ı	2/3-26-3996 1 M 2 XF 79 YRS. MONTHS DAYS HOURS MIN. O'A-28-11 Country					
_	9e. FACILITY NAME (If not institution, give street end number)	9b.	CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF DEA	ATH
P. I	RESIDENCE OF DECEDINT	DILAI	Towson		M	2.
DIRECTOR	10a. STATE 10b. COUNTY Baltimore	10e. CITY, TO	WN OR LOCATION			IDD. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER	O.	101. ZIP CODE	2	10g. CITIZEN OF WH	IAT COUNTRY?
NE I	25BRAMLE19H 11. MARITAL STATUS 12. WAS DECEDENT EVER	Kd (13. WAS DECENDENT OF HISPAN	IC OBIGIN2 (Specify Ven	U.S.A.	- American todian
BY FU	1 Never Married 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, specify Cuben, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Black, Specify Whi	
윤	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working led.)	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+) 4 yrs	Register		Medic	al	
BE CON	17. FATHER'S NAME (First, Middle, Last) Francis L. Geaghan			ME (First, Middle, Malden ne R. Gilm		
TO B	190. INFORMANT'S NAME (Type/Print) Ronald G. Alessi		Way Rd. Timoni			
	1 M Burdel 2 Commetten 2 Bemovel from State	other place!	N (Name of cemetery, crematory or ley 11-20-90		cation — city or tow onium. Md.	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF EARUCK TOWS ON F	uneral Hom	e, Inc,	
	· Kom Ufmill		1050 York Rd.			
	23. PART I. Enter the diseeses, or complications that cause shock, or heart failure. List only one ceuse on IMMEDIATE CAUSE (Final diseese or condition resulting in death) Due To (OR A)		/NFAR	CTION	ratory arrest,	Approximate Interval Between Onset and Death
MEDICAL CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING	B A CONSEQUENCE OF):	D Kennics	ion		
L C	PART II. Other aignificent conditions contributing to deet	but not reaulting in t	he underlying ceuse given in			WERE AUTOPSY FINDINGS
CA	C U P. ()			PERFOR	16	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	DSCU.D mod police	<i>_0</i> .				1 TES 2 NO
AN:	BY5.12		00 PU AOF OF OFATU (C)			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL:		28. PLACE OF OEATH (C/ THER: Nursing Home 5 Residence			
Y PHYSICIAN:	27. MANNED OF OEATH 1 Netural 5 Pending 28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW	NJURY OCCURED	ς.
TED BY	2 Accident	JRY — At home, ferm, stree specify)	et, factory, offica	261. LOCATION (Street City or Town, State)		oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my kn					and marrier as stated.
BE CO	250 CONATURE AND TITLE OF CENTIFIER	Min	29/10291219	Muer 2	29d. DATE/SIGNED	4
0	A MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH TEM 27 (3/ga, P)	Toroli	1200	1/10/	Sen MI
	21. NOVEZO 1990 Julia Davidson	pandelle.	DOSTINIX	cospila	1046	
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BALTIMORE, MARYLAND 2120 urs after death. Page 6 may be retained by the hospital e

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital on	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygnene prior to bunal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ı
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

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FOR 1 - STATE REGISTRAR	STATE OF N				NT OF HI			MENTAL HYGIEN REG. NO) (31665
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		YEAR	3. TIME OF DEATH
FRANCES M. A	ALLENDER								3	90	5/35 F M
	S. SEX	6. AGE (In yrs. lest		IF UND	ER 1 YEAR	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign ry)
219-01-3090	□ M 2 F	70	YRS.						90		PA.
9e. FACILITY NAME (If not institution, give street	et and number)			9b. Cf	TY, TOWN OF	LOCATIO	N OF DE	ATH	9c. COL	NTY OF D	EATH
UNION MEMORIAL HO	SPITAL			L	BALTI	MORE	CI	ΓY	<u> </u>		
10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATE	ON					10d. INSIDE CITY
MD.			B	ALTI	MORE	CITY					1 YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
601 Wyanoke Av	e.					212	18			USA	
	2. WAS DECEDEN	T EVER IN U.S. ARA	MED D	1				IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACI Blac	E — Americen Indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE V				1 TYES					Spec	White
15. DECEDENT'S EDUCA	TION	16e, DEC	EDENT'S	USUAL	OCCUPATION	N		16b. KIND OF BU	SINESS/IN	DUSTRY	WILLE
(Specify only highest grade oc Elementary/Secondary (0-12)	mpleted) College (1-4 or 5	Ma	e kind of a	work dor	ne during mos f.)	t of working	9				
UK	UK		nema	kei	r			Own Home			
17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NA	ME (First, Middle, Maiden	Surname)		
UK.								UK.			
19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRE	ESS (Street an	d Number	or Rural I	Route Number, City or Tow	n, State, Z	(p Code)	
Heidi Walke	r		3019					ve. Balt			
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remov	al from State	20b. PLACE C	OF DISPOS	SITION ((Name oem	etery, crem	atory or			- City or To	
4 Donetion 6 Other (Specify)		Greer	1 Mo								
21. SIGNATURE OF FUNERAL SERVICE LICEI		1		2	2. NAME AN	DADDRES	IS OF FA	4905	Yor	k R	d.21212
+William R.	Vair	2/11			H.W.	Jen	kin	s & Sons	Co.	, Ba	lto.Md.
23. PART I. Enter the diseases, or co shock, or heart feliure. Li				not ent	ter the mod	le of dyli	ng, suc	h se cardiec or resp	iratory s	rrest,	Approximata interval Between
IMMEDIATE CAUSE (Finei	or only one out	1,									Onset and Death
diseese or condition resulting in deeth) s.		Hyp	100	d							1/2 hour
	OUE TO	(OR AS A CONSEO	UENCE O	F):							11
Sequentially list conditions, b.	OUE TO	OR AS A CONSEC									Vee
If eny, leading to immediate cause. Enter UNDERLYING	002 10	CAP	1	. ,.							Years
CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE O	F):							Tegy 2
resulting in deeth) LAST											
PART ii. Other significent conditions	contributing to	death but not m	eultlag	in the	underfulne		luan in	Part I. 24a. WAS AN	ALITOREY		. WERE AUTOPSY FINDINGS
C	+	Diseas		m die	underlying	Cause 9	110011 111	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Coronary 4	-t-1	UVEY	C					1 YES	NO 🗌	- 1	OF DEATH?
	1/0							—			I WES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26 PL	ACE OF O	FATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	отн	ER:			6 Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF	FINJURY	28b. TIN	AE OF	28c. INJU	JRY AT	and an ice	28d. OESCRIBE HOW	INJURY O	CCURED	
Netural 6 Pending	(Month, &	Day, Year)	IN.	JURY M	1 U Y	ES 2	NO				
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE (OF INJURY — At hor , etc. (Specify)	ne, ferm,	street, f	lactory, office	,		281. LOCATION (Street City or Town, State		er or Rural	Route Number,
4 Homicide determined	ouncilly.	(Only of North, Glate			
29e. CERTIFIER CHOCK ONLY	AN: To the best o	f my knowledge, de	nth occum	red at th	ie time, date	end plece,	end due	to the cause(s) and ma	nner se st	ated.	
One) 2 MEDICAL EXAMINER	On the beele of	exemination end/or i	nvestigati	on, in m	ny opinion, de	ath occur	ed at the	time, date end place, e	nd due to	the ceuse(s) end menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	n			1		29c. LICE	NSE NU	MBER	29d. 0/	TE SIGNE	0 (Month, Day, Year)

CAUSE OF DEATH (ITEM 27) (Type, Print)

9

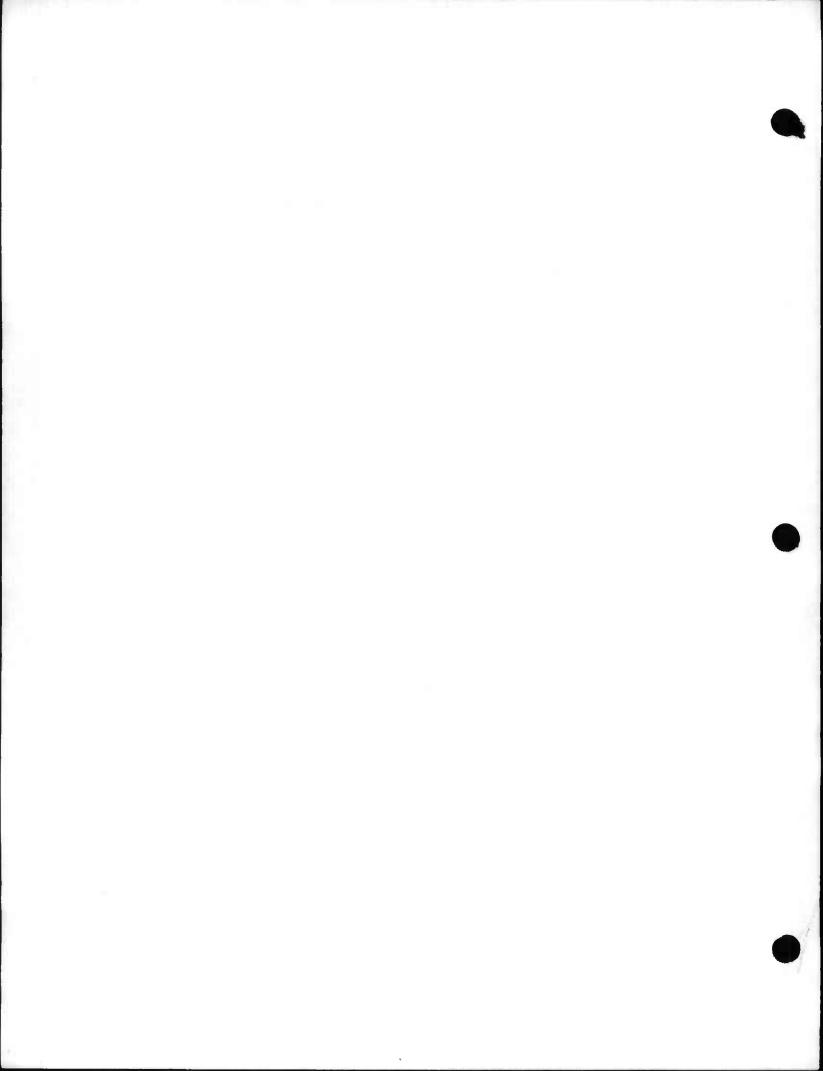
32. REGISTRAR'S SIGNATURE

31. OATE FILEO (Month, Day, Year)

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DHMH-16 Rev 1/89

Boltimore



mours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

NEST TRANSCORP. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fill the process of the state beat, or Health and Mental Hygiene prior to burial, cremation, or removal.

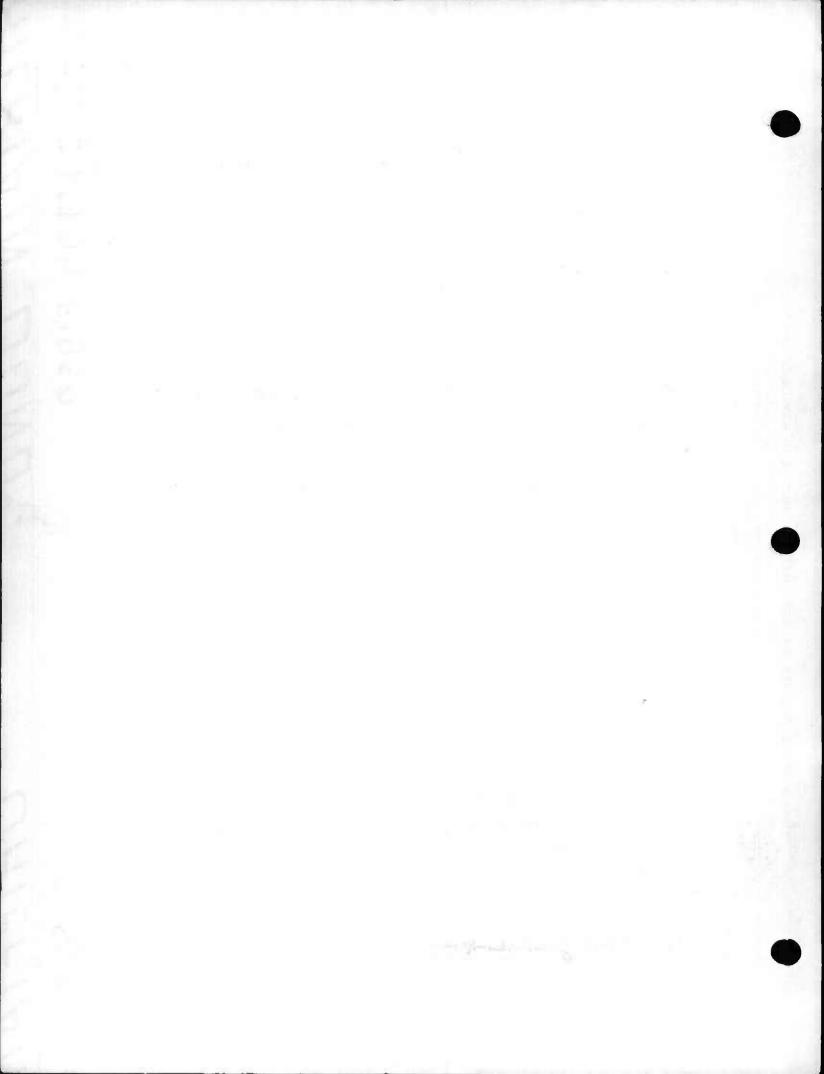
NT-IT Them 28 is merked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once. DEPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

E E E E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

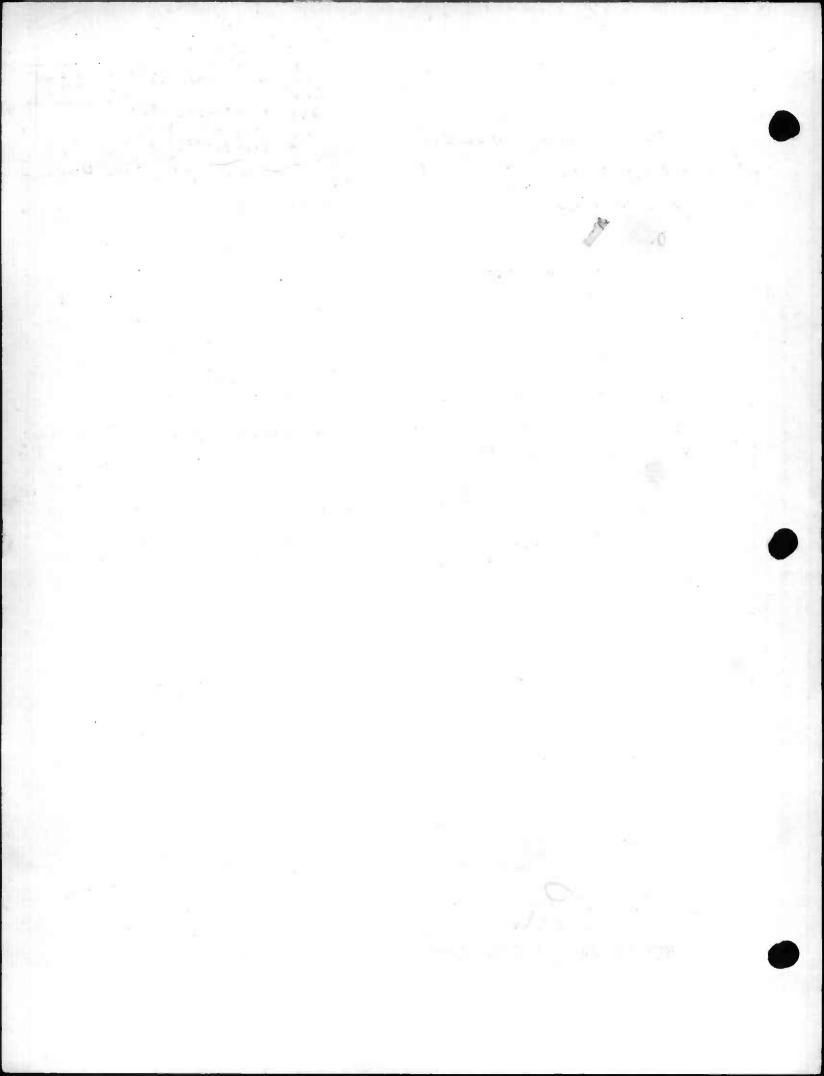
REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last) Johnat	than CRISTOPHE	R-PERRY	Allen	2. DATE OF DEATH MONTH	90 YE	3. TIME OF DEATH 12:23PM	
4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)		NIRTHPLACE (State or Foreign ountry)	
9a. FACILITY NAME (If not institution, give s Francis Scott Ke RESIDENCE OF DECEDENT			TY, TOWN OR LOCATION OF Bal		9c. COUNTY	OF DEATH	
10a, STATE 10b, COUNT	Y		N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO	
72365 tony	ey BARR RO	di i	101. ZIP CODE 2/20	7	10g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	Ø NO .	13. WAS DECENOENT OF HISP If yes, specify Cuben, Mexi 1 TES 2 NO Spe	can, Puerto Rican, etc.)	14. 1	RACE — American indian, Black, White, etc. Specify:	
15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16d College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KINO OF BU	JSINESS/INDUST	RY	
17. FATHER'S, NAME (First, Middle, Lest)	CRISTOPHER ,	PERRY	18. MOTHER'S I	NAME (First, Middle, Malder Vette A	Surname)		
Delses Pe	eples	The second	ESS (Street and Number or Run WANDA AV	el Route Number, City or Ton		21215	
20a. METHOD OF DISPOSITION 1 Mc Burlai 2 Cremation 3 Perion 4 Donation 5 Other (Specify)	20b. PL off	ner place) ARbu	(Name of cometery, cremetory of	20c. L.	hutus	Md.	
21. SIGNATURE OF FUNERAL SERVICE LI			WM. C. BROW 1206 US. NO.	PACILITY N COMMUN	Nity F	14	
a. SUDDEN INFANT DEATH SYNDROME (SIDS) DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF):							
resulting in death) LAST							
PART II. Other significant condition	ns contributing to deeth but	not reaulting in the	underlying cause given		N AUTOPSY PRIMED? 2 NO	24b. WERE AUTOPSY FINDH MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTI	26. PLACE OF DEATH	Check only one)			
27. MANNES OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Mortin, Day, Vise)		Nursing Home 5 \(\to\) Residence 25c. BLJURY AT WORKT 1 \(\to\) YES 2 \(\to\) NO	8 C Other (Specify) 286. DESCRIBE HOW INJURY OCCURED		ED	
2 Accident Investigation 3 Suitside 8 Could not be 4 Homicide determined	28s. PLACE OF BUJURY — building, etc. (Specify)	At home, farm, street,	factory, office	28f, LOCATION /Street City or Town, State		turel Route Mumbe;	
Englished world	ICIAN: To the best of my knowledg					use(x) and manner as state	
29h. SIGNATURE AND TITLE OF GERTIFIE			29c. LICENSE P		21	1-11-90	
50. NAME AND ADDRESS OF PERSON WE FRANK PERETTI, MI			nn Street,Bal	timore,MD	21201		
NOV 2 0 1990	32. REGISTRAR'S SIGNATU	IRE					



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by the host	TO THER UNREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		MEDITART: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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A HC	HEC	perfiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal,	E
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ALLEN. FLO E 12 PT# 63-22-36 F

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTME			MENTAL HYGIENE	90	-31667
	1. DECEDENT'S NAME (First, Middle, Last) FLORENCIA	ALLEN	1	-	RG.	2. DATE OF DEATH OAY	ED NY	AR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs. inst		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
_	9e. FACILITY NAME (If not institution, give street		YRS. MONTH	2	PR LOCATION OF DE	3-19-2 EATH	9c. COUNTY	PORTUGAL OF DEATH
CTOR	RESIDENCE OF DECEDENT		13	ALTI.	MORE (ity		
DIRECTOR	MD.		10c. CITY, TOW		more			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	4904 Belle	Avenue		101	2120	77	10g. CITIZEN	of what country?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ABN FORCES? 1 YES 2 XNI IF YES, GIVE WAR OR DATES			ecify Cuben, Mexica	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.) y:	r No 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	mpleted) (Giv	CEDENT'S USUAL No kind of work do Do NOT use retire	ne durina mo	at of working	16b. KIND OF BUSH	NESS/INDUST	HY
BE COM	17. FATHER'S NAME (First, Middle, Last) Henrique de	Almeida	110	NSCH		ME (First, Middle, Maiden Si	liet	۵
TO B	DOM'I 1905		MAILING ADDR	ESS (Street o	nd Number or Aural rty Ho	Aoute Number, City or Town,	Stere, Zip Coo	· Flr. 21215
	29. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State other pla		Nort Nort	ional M	em.PK. L	ATION - CHY	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Hector #28	31	1721-	27 N	Monroe	st.	F/H 21217
	23. PART i. Enter the diseases, or conshock, or heert fellure. Listed MEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that caused the design only one cause on each line. METASTATIO DUE TO (OR AS A CONSEC	C LU	-4	CANCER		atory screst	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST							
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to death but not re	esuiting in the	underlyin	g cause given in	Part I. 24a. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	neck only one)		
Y PHYSI	t YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	Inpetient 2 ER/Outpetient 3 26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WC		6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At her building, stc. (Specify)	me, ferm, street,	factory, offic		281, LOCATION (Street an City or Town, State)	d Number or i	Rural Route Number,
COMPLETED	(Orack Only	AN: To the best of my knowledge, dea On the basis of examination and/or is						suse(a) and menner as stated.
TO BE	290. ADMATURE AND WILE OF CERTIFIER	ATTE	76146	an	LICENSE NU	MBER 921	29d. DATE S	GNED (Month, Day, Year)
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	NOV 2 0 1990	32. REGISTRAR'S SIGNATURE	2					



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moulies that the death certi	them signed by the attending in the attending in the atth and Mental Hygie	shows any injury, or oth
a law moulines that the death certi-	has been signed by the attending Dear, or Health and Mental Hygie	1 23 shows any injury, or oth
I The law moulines that the death certi-	case has been signed by the attending State Dept. of Health and Mental Hygie	Item 23 shows any injury, or oth
ithen the law moulies that the death certi	Trincate has been signed by the attending the State Dept. or Health and Mental Hygie	or Hom 23 shows any injury, or oth
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S PHISIDAN THE law mountes that the death certi	her this partificate has been signed by the attending	marked, or Item 23 shows any injury, or oth
HILLS PHYSICIAN The law moulines that the death certi	P After this printess has been signed by the attending or event, and the State Dept. or Health and Mental Hygie	is marked, or item 23 shows any injury, or oth
ATTEMING PHYSICAN The law moulies that the death certi	CTOP After this particles has been signed by the attending in the beath and Mental Hygie	28 is marked, or Item 23 shows any injury, or oth
OR ATTEMENT BASIDAN The law moules that the death certi	DIRECTOR After this printege has been signed by the attending now, after Seath and Mental Hygies	liom 28 is marked, or Item 23 shows any injury, or oth
TAL OR ATTEMINE BAYSIDAN THE LAW INQUIRES that the death certi-	AAL DIRECTOR After this partificate has been signed by the attending 72 hours after beauth seet the State Dept. of Health and Mental Hygie	If Item 28 is marked, or Item 23 shows any injury, or oth
OSPITAL OR ATTEMBLY BRISIDAN THE IN MODIFIES that the death certi	UNEPAL DIRECTOR After this printeds has been signed by the attending the 72 hours after their part on State Dept. or Health and Mental Hygie	ANT: If Item 28 is marked, or Item 23 shows any injury, or oth
ID THE HOSPITAL OR ATTENDED THE SIGNARY THE WAY INVOICED THE DESCRIPTION OF WOUR STATE GRAIN. Page 6 may be retained by the hos	ID THE FUNERAL DIRECTOR Annum the princes has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach the women 72 hours after being performed the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPDRIAKT. II Item 28 is marked, or Item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT (CERTIFICATE		MENTAL HYGIEN	NE	0 31000	
DECEDENT'S NAME (First, Middle, Last A. SOCIAL SECURITY NUMBER	William	yrs. lest birthday) F UNDER 1 Y	U E EAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 1	8 19	BIRTHPLACE (State or Foreign	
244-10-3830 Sa. FACILITY NAME (N' not institution, give	1 M 2 D F 7	YRS. MONTHS D	OWN OR LOCATION OF D	(Month, Day, Year) $12-17-$	9c. COUNTY	Country) N.C	
RESIDENCE OF DECEMENT 10a. STATE 10b. COUN	burn Ave	Bal 10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY	
10e. STREET AND NUMBER	C 11 A.		101. ZIP CODE	/	10g. CITIZEI	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATI	2 NO Hy	B DECENDENT OF HISPA ea, specify Cuban, Mexico YES 2 NO Specify	an, Puerto Rican, etc.)	14 or No 14	. RACE — American Indian, Black, White, etc. Specify:	
3 Widowed 4 Divorced 15. OECEDENT'S EC (Specify only highest gre	DUCATION 1 de completed)	6e. OECEDENT'S USUAL OCC (Give kind of work done dun life. Do NOT use retired.)	UPATION	16b. KIND OF BI	USINESS/INDUS	BRAC	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)		18. MOTHER'S NA	AME (First, Middle, Maide	n Surneme)	7	
19a, INFORMANT'S NAME (Type/Print)	-Anderson	19b, MAILING ADDRESS (S	Street end Number or Rural	Route, Number, City or to	wn, State, Zip Co	ref 21215	
20a_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re Donation 5 Other (Specify)	moval from State	PLACE OF DISPOSITION (Negretation place)	of cometary, crematory or SMLM	Park 20c. L	OCATION - OIL	y or Town, State	
21. SIGNATURE OF FUNERAL SERVICE	March	22.NA	ME AND ADDRESS OF FO	H. West wabash	Ave		
23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. List only one cause on ago	PULMONALE	e mode of dying, suc	ch as cardiac or rea	piratory arres	t, Approximate interval Betwee Onset and Des	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) LONG STANDING CHRONIC LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF): c.							
that initiated events resulting in death) LAST	d	CONSEQUENCE OF):					
PART II. Other significant conditi	ona contributing to death but	t not reaulting in the unde	erlying cause given in		ALDOPSY 2 NO	24b, WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (C				
1 YES 2 NO 27. MANNEN OF DEATH 1. Natural 5 Pending Investigation	1 □ Inpatient 2 □ ER/Outpat 25e. DATE OF INJURY (Month, Day, Year)	25b. TIME OF 2	g Home 5 Residence Bc. INJURY AT WORK? 1 YES 2 NO	6 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED	
2 Accident Investigation 3 Suicide 5 Could not 8 4 Homicide determined	28e. PLACE OF INJURY	At home, farm, street, factor	y, office	261. LOCATION (Stree City or Town, State		Rural Route Number,	
anal anny	YSICIAN: To the best of my knowled INER: On the basis of examination						
296. SIGNATURE AND TITLE OF CERTIF	order m	TH (ITEM 27) (Rose Delect)	29c. LICENSE NU D 292		29d. DATE :	SIGNED (Month, Day, Year)	
S1. DATE FILED (Month, Day, Year) NOV 2 0 1990 4	LOWDER 10. 32 REGISTRANS GRAM						

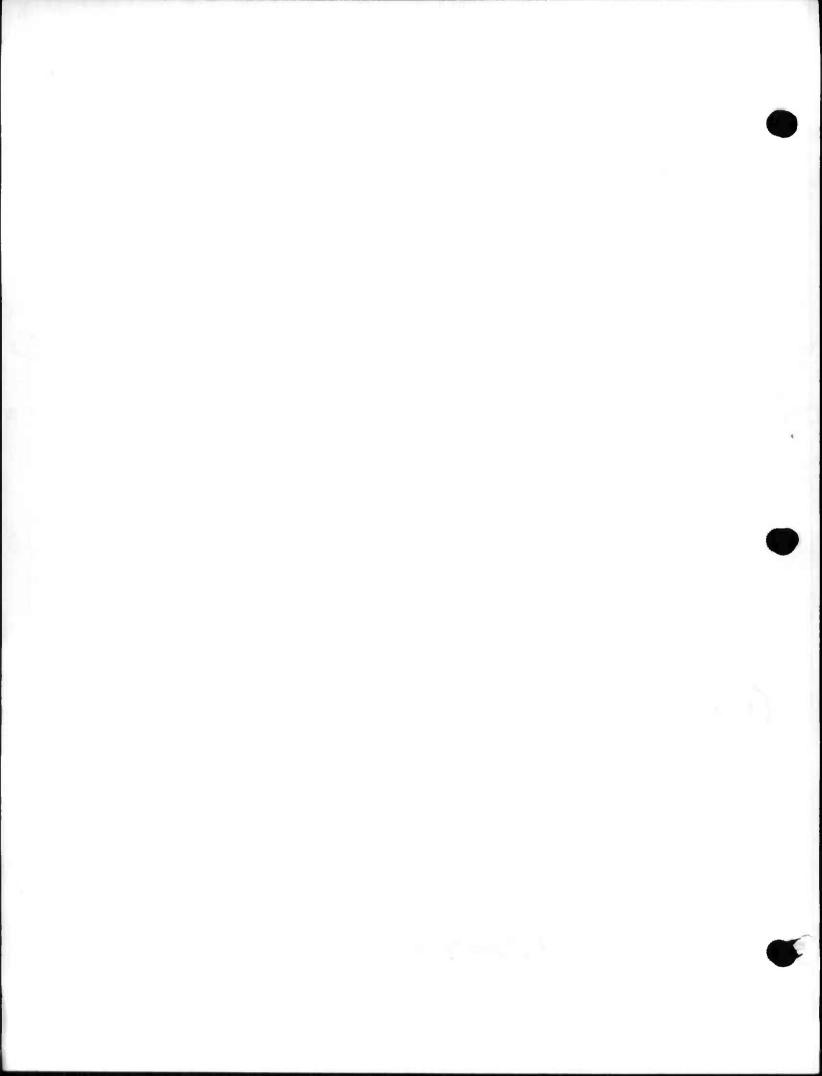


DHMH-16 Rev 1/89

That the death cardificate be executed within 29 TO THE HOSPITAL OR ATTENDING PHYSICIAN. The I TO THE FLIMERAL DIRECTOR: Absent has certificate by be field within 72 hours after death with the State in IMPORTANT. If Item 26 is marked, or Item?

> 31. DATE FILED (Month, Day, Year) NOV 2 0 1990

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		ENTAL HYGIEN REG. NO.	E		
		ALEXANDER	BAX	BAXTER C.		2. DATE OF DEATH 1 DO NOTH	/19/90 9 4		
	4. SOCIAL SECURITY NUMBER 212-05-6807	1 K M 2 □ F 8.	yrs. lest birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-01-07	M	RTHPLACE (State or Foreign ountry) ARYLAND	
8	98. FACILITY NAME (If not institution, give s ST. AGNES HOSPITA			BALTIM	ORE	тн	9c. COUNTY O	F DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND PRINC	CE GEORGES		CHEVERLY 1 D					
ERAL	100. STREET AND NUMBER 6413 FOREST ROAD			101	. ZIP CODE 20785		U.S.A	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 A 700	If yes, spi	ENDENT OF HISPANIC celly Cuban, Maxican, 2 X NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No — 14. F	ACE — American Indian, black, White, etc. specify: HITE	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th		(Give kind of v	DENT'S USUAL OCCUPATION kind of work done during most of working NOT use retired.) ICE MAN BALTIMORE CITY					
E COMP	17. FATHER'S NAME (First, Middle, Leet)				16. MOTHER'S NAM	E (First, Middle, Maiden			
TO BE	19a. INFORMANT'S NAME (Type/Print) CATHERINE BAXTER	(WIFE)		ADDRESS (Street &		ERLY, MD	20785		
	20a. METHOD OF DISPOSITION 1 Burial 27. Acremetion 3 Rem 4 Donallon 6 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LI	ME	PLACE OF DISPOS other place) TRO CREM	22. NAME AP	ID ADDRESS OF FAC	CA	TONSVII		
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Bue to on as a c. Due to on as a d. Due to on as a d.	CONSEQUENCE OF	by s	de of dying, such	as cardiac or reap	iratory arrest,	Approximata Interval Batween Onset and Daath	
N: MEDICAL	PART II. Other aignificant conditio	na contributing to death bu	ut not resulting	in the underlyin	g ceuse given in i	Part I. 24s. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	atlent 3 DOA	OTHER:	LACE OF OEATH (Che				
TED BY PHY	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	DURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW			
TED 8	1 258, PLACE OF INJURY — Al nome, term, street, factory, office 1 201, LOCATION (Street and number of numb							ural Floute Number,	
COMPLETED	Check only	SICIAN: To the best of my knowl						use(s) and manner as stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIC				29c. LICENSE NUM	BER	29d. DATE SIG	SINED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	A fre H	with the					
	31. DATE, FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AND V 2 0 1990 Achie Davidson Pandara.								



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Z4 noun	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or n	IMPORTANT: If item 28 is marked, or item 23 shows eny injury, or other traumatic event, the me-

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zericurs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detained for use as the burlat-transit permit. Pages 1, 2, 3 sh	in so is marked as item 23 about one interes as other transfer again the madical avainas must be addition of another
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DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

Paul Miller

31. DATE FILED (Month, Day, Year) NOV 2 0 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

405

MU)

Frederick Rd. Suite 152

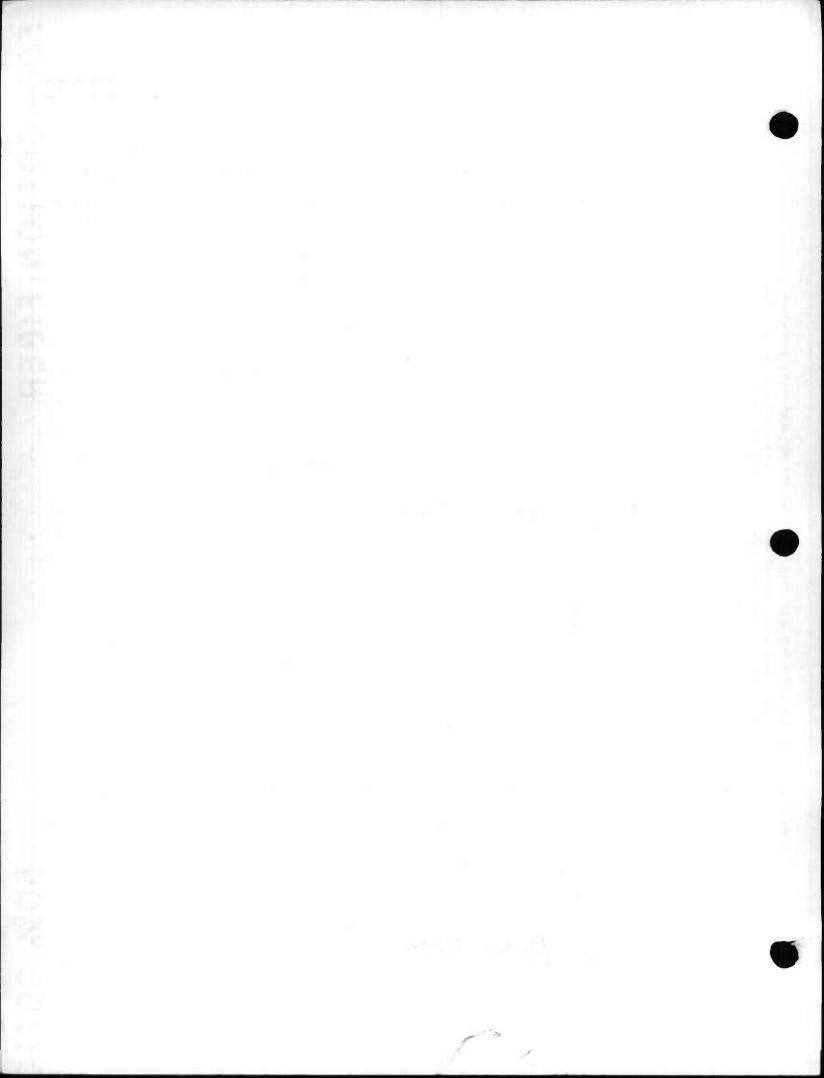
32. REGISTRAR'S SIGNATURE Was Davidson-Randall

90 31670 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH An ALMA 11/14/1990 LEE JOHNSON BROWN 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 TyF 213-36-2157 5/10/1923 NORTH CAROLINA Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOME 122 N. HILTON STREET, BALTIMORE, MARYLAND RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE, MARYLAND 1) YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 122 N. HILTON STREET, BALTIMORE, MD 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced BLACK 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) 12 BOARD OF EDUCATION BUILDING OPERATIONS 17, FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Sumame) WILLIE **JOHNSON** LELIA **JOHNSON** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) WILLIE BROWN SR. 122 N. HILTON STREET, BALTIMORE, MARYLAND 21223 20a. METHOD OF DISPOSITION
1 © Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or n 3 🗆 Rem 20c. LOCATION -- City or Town, State GARRISON FOREST V.A. CEMETERY OWINGS MILL, MARYLAND 21. SIGNATURE/OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 23. PART I. Enter the diseases, or complications that chused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** dup disease or condition resulting in death) en DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 Residence 6 | Other (Specify) HOSPITAL:
1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 TYES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending Investigat 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide 29a. CERTIFIER
1- CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

3018

DHMH-16 Rev 1/89

Md.



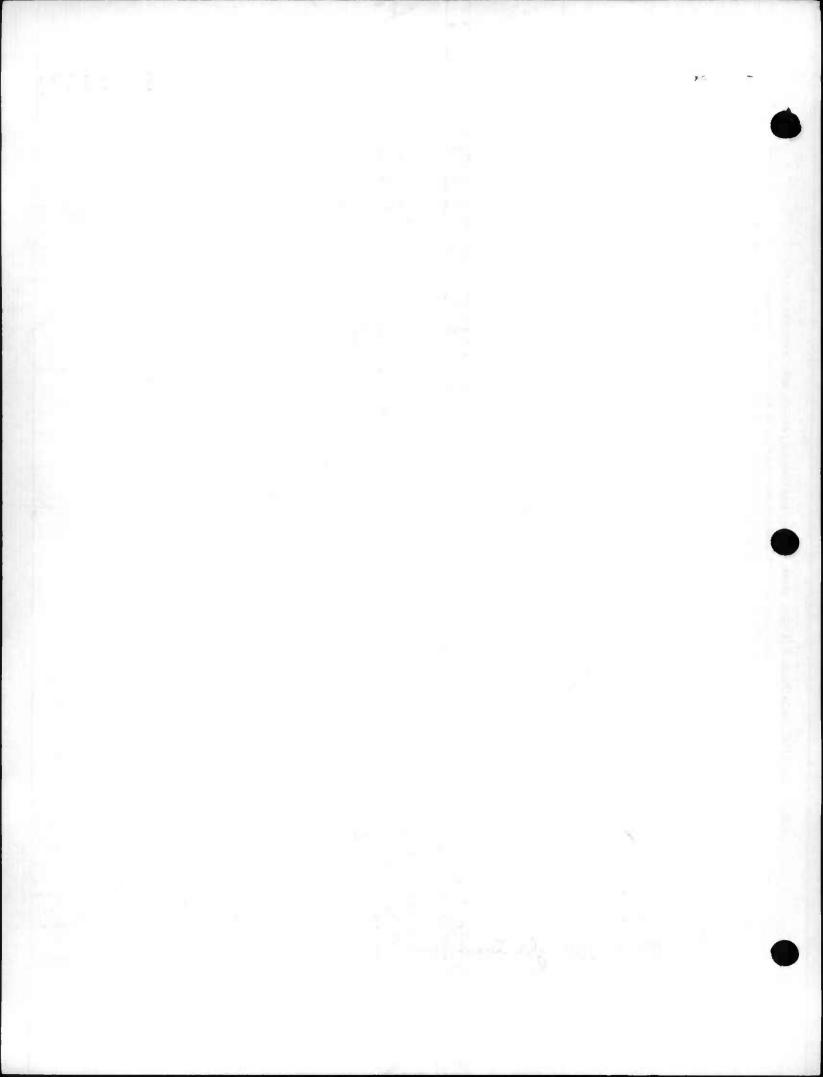
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zarhours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to be jurial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic-event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AN	ND MENTAL HYGIENE REG. NO.	90 31671
1. DECEDENT'S NAME (First, Middle, Le: Ethel Brightf				2. DATE OF DEATH MONTH DAY 11- 16- 9	O 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-12-9417 98. FACILITY NAME (If not institution, gh	1 🗆 M 2 🖳 F	68 YRS. MG	UNDER 1 YEAR IF UNDER 24 HOURS M	(Month, Day, Year) 6/6/22	BIRTHPLACE (State or Foreign Country)
1102 DRUID AVENU	E #513		BALTIMORE	OF DEATH SC.	COUNTY OF DEATH
10a. STATE 10b. COU	NTY		1timore		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☐ NO
1102 Druid Hil	1 Ave.	Apt 513	10f. ZIP CODE 21217		U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO		ISPANIC ORIGIN? (Specify Yes or N lexican, Puerto Rican, etc.) Specify:	14. RACE — American Indien, Black, White, etc. Specify: BLK
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY
17. FATHER'S NAME (First, Middle, Last) NORMAN JACKSON			MARY	'S NAME (First, Middle, Malden Surn	
George W. Bobo				Rural Route Number, City or Town, Sta .ve. Balto. MD	
20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE_OF FUNERAL SERVICE	emoval from State	other place)	ON (Name of cometery, cremator) OTEST V.A. C	EM. Owing	ON — City or Town, Blate S Mill, MD
· Juniores	1. Alko	h.	Estep Bros.	F. H. 1300 EU	TAW PL. 21217
immediate Cause (Final disease or condition resulting in death)		13	BETES H	TELLITUS	Interval Betwee
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· CIRA	A CONSEQUENCE OF):	FTHE WI	ER	
PART II. Other significant condit	d. liona contributing to death	but not resulting in	the underlying cause give	en in Part I. 24a. WAS AN AUTT PERFORMED 1 YES 2 X	7 AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Or 28e. DATE OF INJUR (Month, Day, Year	rtpetient 3 DOA 4	26. PLACE OF DEAT THER: Nursing Home 5 Resid		RY OCCURED
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, stre	M 1 YES 2 N		fumber or Rural Route Number,
onel	Market Land Co.			id due to the cause(e) and manner at the time, date and place, and du	as stated. te to the cause(s) and manner as stated.
296, SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	augo	DEATH (ITEM 27) (Type P	29c. LICENS	30304 29	d. DATE SIGNED, (Mo) (II), Dey, Year)
TUSERH A 31. DATE FILED (Month, Day, Year)	N (WAN)	SNATURE /	2,821 N.T	Sit AND ST &	who 311 BALZIZE
NOV 2 n 1991	Julia Davidso	m- Adadase	Y		



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BALTIMORE, MARYLAND 21203-3146

death.

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completely filled irial, cremation, o

n and com to burial,

certificate be executed within signed by the attending physician Health and Mental Hygiene prior to 5 requires that the death SAV been : WE has be Dept. 23 PHYSICIAN: The item certificate h 0 marked, this with DIVISION After death DR ATTENDING 40 DIRECTOR: / 28 item FUNERAL I within 72 h HOSPITAL

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PHYSICIAN:

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COMPLETED

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i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
lows any injury, or other traumatic event, the medic	MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Larry MC cleannan Barber DAY YEAR 12 Larry Barber 11 90 4, SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 14 M 2 | F VBS 67 240 30 2822 Sept. 6, 1923 North Carolina 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center Baltimore Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 106 COUNTY 10d. INSIDE CITY n/a Baltimere Maryland 1 X YES 2 NO 104 STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1036 Lerew Wav 21205 U.S.A. 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE - American Indian, Black, White, atc. FORCES? 1 X YES 2 1 Never Merried 2 Merried 1 TES 2 NO Specify 3 Widowed 4 Divorced White World War II 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 10 Towing Service Owner 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) John Barber Louise Polk BEULAH PAGE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ruth V. Barber (wife) Same as 10 20a, METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or 20c. LOCATION — City or Town, State Mt. Zion Baptist Church Cemetery Sawmills, NC 4 Donetion 5 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Capitol Funeral Service Falls Church, VA 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heert fellure. Liet only one ceuse on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final (ORDINARY ARTERY BYEAST disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Atherosci cross Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II, Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24h. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY NASOPHARYMOETE CA. AVAILABLE PRIOR TO COMPLETION OF CAUSE TSNOUD RYEKT 1 - YES 2 0 NO OF DEATH?

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO estient 3 ER/Outpatient 3 DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF OEATH 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Netural 5 Pending 1 YES 2 NO M 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 Homicide

29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated.
one)	2 MEDICAL EXAMINED: On the basis of exemination and/or investigation in my opinion, death occurred at the time date and place and due to the causale) and

29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

D3708

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

MED ITR DEPT OF MED LERE BRULE FEKEY

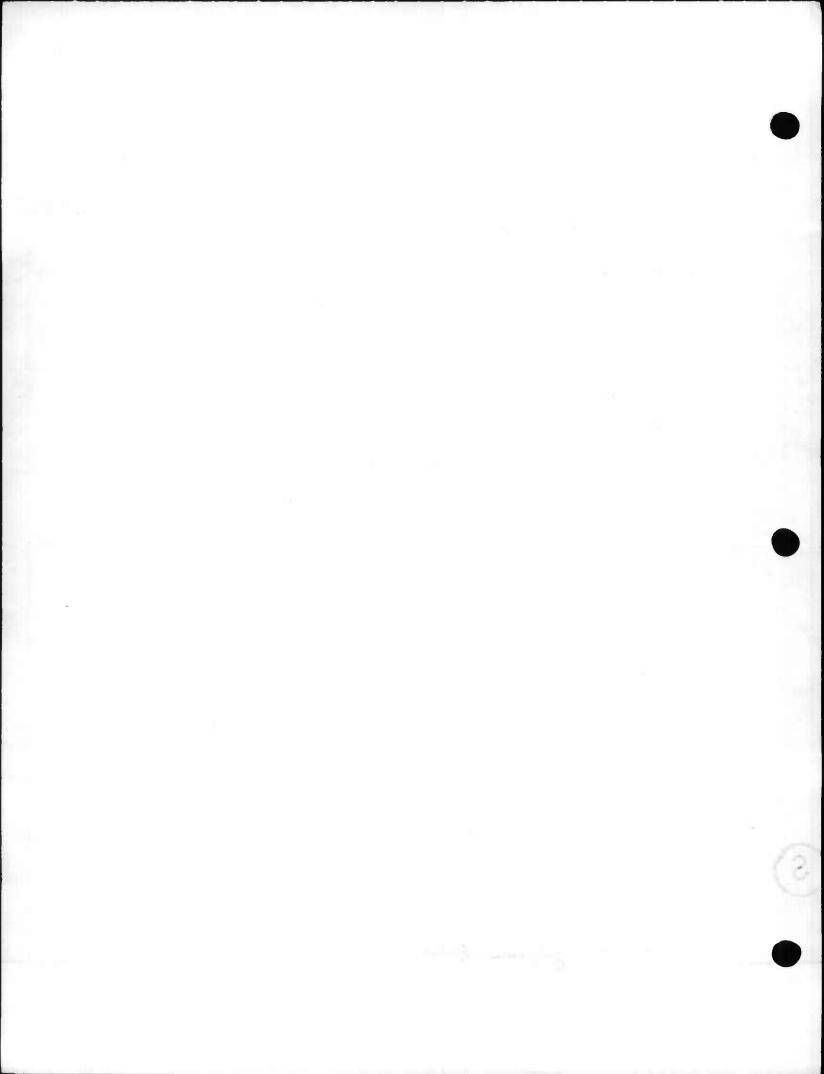
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Sevidson-Randall NOV 2 0 1990

11.15.50.

THE PARTY OF THE PARTY.

v , v

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF		MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	D		Bows	ier	2. DATE O MONTH		90 "	3. Ti	ME OF DEATH
4. SOCIAL SECURITY NUMBER 291 07 8103	5. SEX 1 M 2 F	92 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, Feb	Day Mail 1	898	onio	E (State or Foreign
9e, FACILITY NAME (If not institution, give a	reet and number)		-/	er Spr			Mon	/	mery
10a. STATE 10b. COUNTY	tgomery	10c. C(T S1	v town on Local lver S	pring					INSIDE CITY LIMITE? YES 2 700
10e. STREET AND NUMBER				20901			10g. CITIZEN		COUNTWY?
202 Woodmoor D: 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2 NO	13. WAS DE	CENDENT OF HISPAN pecify Cuben, Mexica S 2X NO Specify	n, Puerio Ri				mericen Indien, le, etc. hite
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us) Civil E	work done during m se retired.)	ost of working	16b.		e of	Ohi	0
17. FATHER'S NAME (First, Middle, Last) Noah Bowser				18. MOTHER'S NA Adah			Surneme)		
190. INFORMANT'S NAME (Type/Print) Sylvia Gayer			as #10	end Number or Rural	Route Numbe	er, City or Town	, State, Zip Co	de)	
20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISPO- other place) Union C	SITION (Name of co	cemetery, crematory or 20c. LOCATION — City or Town, State					
21. SIGNATURE OF FUNERAL SERVICE LIC	censee		Ives	AND ADDRESS OF FA -Pearso ngton,	n Fu	neral	Hom		± 0
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	MONIA AS A CONSEQUENCE O AS A CONSEQUENCE O	PF):						
PART II. Other significent condition		DEDECOR		MED?	AWAJ COM OF E	E AUTOPSY FINDING LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO	HOSPITAL:	VOutpatient 3 DOA	OTHER:	PLACE OF DEATH (C)					
27. MANNER OF DEATH Natural 5 Pending P	28e. DATE OF INJ (Month, Day,)	URY 28b. Till (bar) IN	WE OF 28c. II	NJURY AT VORK? YES 2 NO	· · · · · ·	CRIBE HOW I	NJURY OCCU	RED	
3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF IN building, etc.	IJURY — At home, farm, (Specify)	street, factory, of	ice		ATION (Street e or Town, State)	and Number or	Rural Route	Number,
(Check only	ER: On the best of my								I manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	D 365	-		29d, DATE S	12 9				
PANKAI TALWA	R, MD. 1	1119 Rock	e, Print) -VILLE F	PINE, SUI	TE 2	08 F	cki	ILLE	MD,208
NOV 2 0 1990	12. REGISTRAR'S	SIGNATURE							DHMH-16 Rev



attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wours after death. Page 6 may be retained by the hospital or attending physician.	AAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTE	THE FUNERAL DIRECTOR	filed within 72 hours after	PORTANT: If item 28

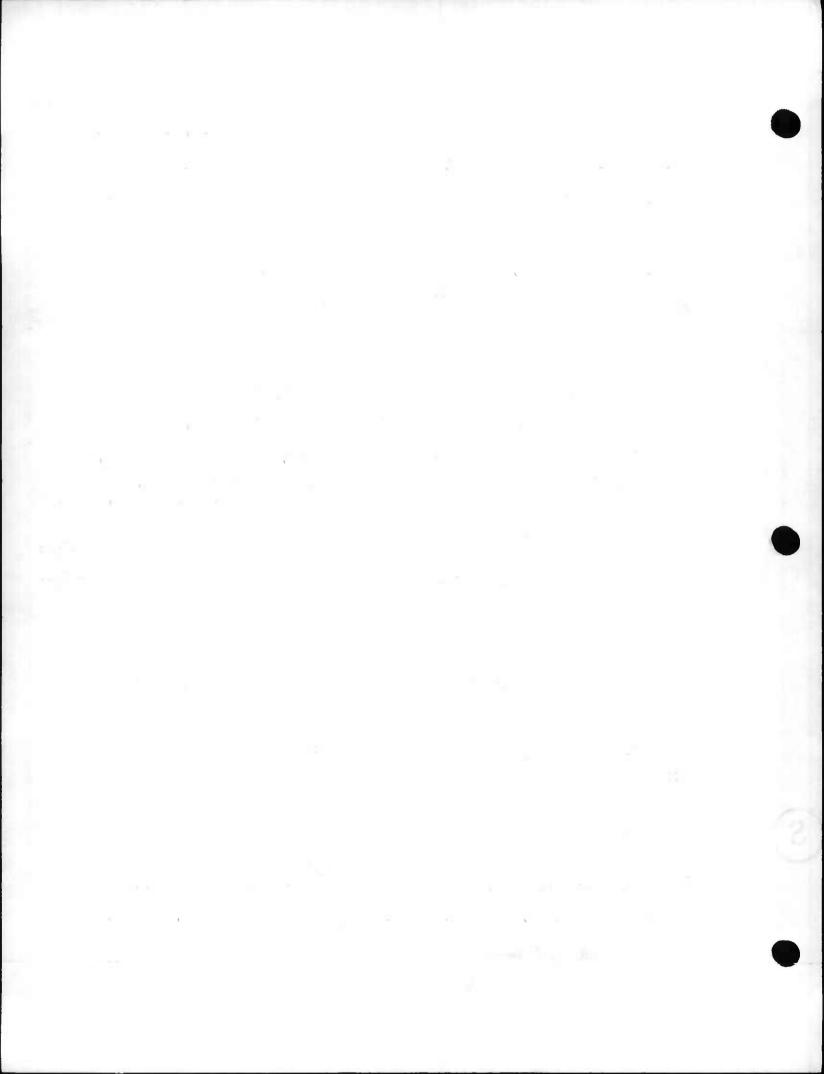
1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF				MEN	TAL HYGIENE REG. NO.		90	316/4
	1. DECEDENT'S NAME (First, Middle, Last)						2. D/	ATE OF DEATH	,	YEAR	3. TIME OF DEATH
Ì	Murray A. Cole						_	WINTH JEATH		180	03:45 A M
	4. SOCIAL SECURITY NUMBER 213-01-3216	and the second s	yrs. last birthday)	IF UNDER	1 YEAR DAYS	HOURS MIN.	7. DA	TE OF BIRTH fonth, Day, Year) 12/21/18	. '	Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	-	⊥ tha.	9h CITY	TOWN OF	R LOCATION OF DI		TS\ ST\ TO	9c. COUNT		rland
Œ					ltim		LAIII		N/A		
5	St. Agnes Hospi								2.1/ 2.		
DIRECTOR	Md. Ho	oward Co.		krid		ON					IOd. INSIDE CITY LIMITS? I YES 2 ANO
	10s. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZE		IAT COUNTRY?
FUNERAL	6610 Washington B	lvd.				21227			T	ISA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1. YES	U.S. ARMED			NDENT OF HISPAI		IGIN? (Specify Year	or No-	4. RACE -	– American Indian, White, etc.
ВУ Б	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA				2 NO Specif		no mean, etc.)		Specify	
	16. DECEDENT'S EDUC	WII CATION	16a. DECEDENT'S	USUAL O	CCUPATIO	N		16b, KIND OF BUSI	INESS/INDU	STRY	W111 00
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done one retired.)	during mos	t of working					
AP.	12		Ret	ired					N/A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							rst, Middle, Malden S	Surname)		
BE	Murray A. Colema	n, Sr.				Mildre					
9	190. INFORMANT'S NAME (Type/Print) George Earl Cole:	man				d., Bal		Number, City or Town	1228	Code)	
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPO	_					ATION — C	ity or Tow	rn, Stata
	1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	other place) Crowns	vill	e Ve	terans (Cem	. Cro	wnsvi	ille	Md.
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE		22.	NAME AN	D ADDRESS OF FA	ACILITY		Lome		
	Dans	d. Loufor	nen					Elkridge			1227
	23. PART I. Enter the diseases, pro	Emplications that caused List only one cause on as									Approximate interval Between
					0						Onset and Death
	diseese or condition resulting in death)	Metaste			CA	T-					
	S 311 SALES	DUE TO (OR AS A	CONSEQUENCE O	F):							
ON	Sequentially list conditions, Due to (or as a consequence of):										
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С									
TE	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
CERTIFICATION	resulting in death) CAST	d									+
	PART II. Other aignificant condition	a contributing to deeth be	ut not resulting	In the u	nderlying	cause given in	Part		AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL								1 - YES 2	NO		OF DEATH?
ME											1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 01	ACE OF DEATH (C	beek on	the anal			
SICL	EXAMINER?	HOSPITAL:	etlent 3 🗆 DOA	OTHE:	R:	5 - Residence					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TII	AE OF	28c. INJ	URY AT	_	DESCRIBE HOW II	NJURY OCC	URED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	I N	JURY M		RK? ES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec		street, fac	tory, office	1		LOCATION (Street a City or Town, State)	and Number	or Rural R	oute Number,
	4 Homicide datarmined										
COMPLETED	(Check brilly	ICIAN: To the best of my know									
00	2 MEDICAL EXAMINE	ER: On the beals of examination	n and/or investigati	on, In my	opinion, d		- 17.	date and place, an			
B	29b. SIGNATURE AND TITLE OF CERTIFIE	n incut thisn	LAN			29c, LICENSE NU	JMBER		29d. DATE		(Month, Day, Year) 19, (950
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	s, Print)	<i>p</i>	0- 0	D	0 0	,		
	1 0	VJUARO,	St Cyres	Holy	ill	700 000	tr	ar Bal	to 1	V10 2	127
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
	NOV 2 n 1990	Shurtanagav-	militaria								

Allen Ind.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within An about death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	ITMENT OF H		MENTAL HYGIE REG. N		90 31675
	1. DECEDENT'S NAME (First, Middle, Las	" Vivian	Alberta	Carey		2. DATE OF DEATH MONTH NOV . 19	9, 199	3. TIME OF DEATH 1:00 PM
5	4. SOCIAL SECURITY NUMBER 215-22-3130	5. SEX 1	6. AGE (In yrs. lest birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 06/25/		BIRTNPLACE (State or Foreign Country) Maryland
	9a, FACILITY NAME (If not institution, give	street and number)	7 000	9b. CITY, TOWN O	OR LOCATION OF DI		9c. COUNTY	
TOR	4701 Sayer A	venue			Baltim	ore		4
DIRECTOR	Maryland 10b. cour		10c. CIT	Y, TOWN OR LOCAT		imore		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	4701 Sayer A					1229		USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. ARMED 1 ☐ YES 2 À NO WAR OR DATES	If yes, spi		NIC ORIGIN? (Specify Y nn, Puerto Rican, atc.) y:	les or No — 14.	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5	(Give kind of life. Do NOT u		st of working	16b. KIND OF B	USINESS/INDUS	TRY
MP	8 th		Ho	usewife		AME (First, Middle, Maide	Home	
TO BE COI	James S.	Corkra	.n			lie Gra		ellers
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING		and Number or Rural	Route Number, City or R	own, State, Zip Co	de)
	Doris M.	Brown		Eldone		altimore	-	
100	20a. METHOD OF DISPOSITION 1 Burlal 2 C Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from Stata	20b. PLACE OF DISPO	o Crema			Balti	more, MD
axaminer mest be	21. SIGNATURE OF FUNERAL SERVICE George E	E	MI	Crema	ation S	ociety (of Md.	
CERTIFICATION	23. PART I. Enter the diseases, of shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due To), prp: prp:				Approximate Interval Between Onset and Deett 25 year 2 0 yes
OICAL C	Olicitis PERFORMED? ANAL COM							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI								1 YES 2 NO
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 M NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 M NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Mospital: 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY (Month, Day, Year) 28. DATE OF INJURY AND THE CHACK ONLY AT WORK? 1 YES 2 NO 28. DESCRIBE NOW INJURY OCC (Nor Town, Stete) 28. DATE OF INJURY AND THE CHACK ONLY AT WORK? 1 YES 2 NO 28. DESCRIBE NOW INJURY OCC (Nor Town, Stete) 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY M 1 YES 2 NO 28. LOCATION (Street and Number Chy or Town, Stete) 28. LOCATION (Street and Number Chy or Town, Stete) 28. DATE OF INJURY AT WORK? 1 WORK? 1 WORK? 1 WORK? 29. LOCATION (Street and Number Chy or Town, Stete) 29. LOCATION (Street and Number Chy or Town, Stete) 29. LOCATION (Street and Number Chy or Town, Stete) 29. LOCATION (Street and Number Chy or Town, Stete) 29. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the Chy or Town, Stete)								
								RED
								Rurel Route Number,
Second Se								
TO BE C	296 SIGNATURE AND TITLE OF CERTIF	lus, MJ	0,		200 LICENSE NU B4-2	MBER 22		1/20/90
	30. NAME AND ADDRESS OF PERSON Herman H. Ba. 31. DATE FILED (Month, Day, Veer)	ylus, M.			Ave.	Baltimon	ce, MD	21223



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	has been signed by the attending physician a	arter dwith with the fails Dept. of Health and Mental Hygiene prior to	f, or them 23 shows any injury, or other traum
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	AL DIRECTOR: Agent	J within 72 he	RIANT, If them 28 is n
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1	-	26	두

	FOR STATE STATE	TATE OF MARYLAND			F HEALTH		NTAL HYGIEN REG. NO.	E			
į,	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH		YEAR	3. TIME OF DEATH	
Ì	Deborah Lynn	Van Coverden				No	vember 1			810 Pm	
	4. SOCIAL SECURITY NUMBER 5. S	5. SEX 6. AGE (In yrs. leet birthday)							TH 8. BIRTHPLACE (State or		
	230-49-7663	3 1						1978 Virginia			
~					WN OR LOCATIO						
0	NIH, The Clinical (Center		Bethe	sda, Ma	arylar	ıd	1404	31670	MERY	
E	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR L	OCATION	-				10d. INSIDE CITY	
DIRECTOR	VIRGINIA Prince	William	Wood	dbridg	e					LIMITS?	
	10e. STREET AND NUMBER				101. ZIP CODE			10g. CIT	HAT COUNTRY?		
2	4782 Wellesley Dr.				22192			USA			
FUNERAL		WAS DECEDENT EVER IN U.S. A	RMED	13, WAS		F HISPANIC C	RIGIN? (Specify Yes			- American Indien,	
BY FL	1 13 Name Married 2 Married	FORCES? 1 YES 2 V)NO	If yo		n, Mexican, Pu	erto Rican, etc.)			White, etc.	
8	15. DECEDENT'S EDUCATIO	N 16e. D	ECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	SINESS/INC	DUSTRY		
COMPLETED	(Specify only highest grade comp Elementary/Secondary (0-12) Co	ellege (1-4 or 5 +)	Give kind of w le. Do NOT us	rork done durir e retired.)	g most of working	g					
7	6		tudent				Woodbri	dae N	/iddle	School	
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTH	IER'S NAME (First, Middle, Malden		,		
	Thomas J. Van Cove	rden			Nan	cy Sie	bert				
BE	19e. INFORMANT'S NAME (Type/Print)	- 1	9b. MAILING	ADDRESS (St		~	Number, City or Tow	n, State, Zh	o Code)		
2	Nancy Van Cover	den, mother	same	as ab	ove						
	20e. METHOD OF DISPOSITION	20b. PLACI	E OF DISPOS		of cometery, crem	eatory or	20c. LO	CATION -	City or Tox	vn, State	
	1 X Buriel 2 Cremetion 3 Removal 1 4 Donation 5 Other (Specify)	ALL CONTRACTOR CONTRAC		Memo	ry Gard	lene	Mar	12662	e Wir	Virginia	
	4 □ Donetton 5 □ Other (Specify) Stonewall Memory Gardens Manassas, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								511111		
	+ Meg Mou	readle			intcastl e City.		eral Home	Э			
	23. PART I. Enter the diseases, or comp shock, or heart feilure. List			ot enter the	mode of dyi	ng, auch as	cardiac or reap	iratory ar	reat,	Approximata interval Between Onset and Death	
	I IMMEDIATE CAUSE (FIIIII)										
	disease or condition resulting in death) a. RESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF):										
z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION											
2	CAUSE (Disease or injury	OSTEDGENIC DUE TO (OR AS A CONSI	<u> </u>	ARCC	MA						
	that initiated events	DUE TO (OR AS A CONS	EOUENCE OF	·):							
EH	d.										
	PART ii. Other significant conditions co	ntributing to death but not	reaulting i	n the unde	riying cause o	lven in Par	t i. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
2								PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
8	**					. I A TES			OF DEATH?		
PHYSICIAN: MEDICAL									-	1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF O	EATH (Check)	only one)				
2		OSPITAL: Inpatient 2 ER/Outpatient	2 🗆 004	OTHER:	Home 5 - Re						
¥	27. MANNER OF OEATH	28e. DATE OF INJURY	28b. TIM		c. INJURY AT		d. DESCRIBE HOW	NJURY OC	CUREO		
<u>a</u>	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY	WORK?						
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At I	home, farm, s				I. LOCATION (Street	end Numbe	or Rural R	oute Number,	
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)					City or Town, State,)			
COMPLETED	29a, CERTIFIER										
MPI	(Check only	the best of my knowledge,								and manner or other	
8	2 MEDICAL EXAMINEN: OF	n the beale of examination end/o	or investigatio	п, іп ту оріп	on, death occur	THE DATE OF THE DES	e, date end place, er	10 QUE 10 1	ue canaele	end menner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	1. 0		4.0	29c. LICE	ENSE NUMBE	R	29d, DA		(Month, Day, Year)	
2	Just June	~ Johnson	m	M)	6	141	+	- n	over	uber 13, 1990	
	NAME AND ADDRESS OF PERSON WHO CO	MPLETED LAUSE OF DEATH (IT			ונת מ11	ro 11 -	+haad-	M	1 1	20002	
				NOCKV1	TIE PI	ke, be	thesda,	mary	Tand	20892	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE									
	NOV 2 0 1990 Julie	Davidson-Randall	-						,		
	U									DHMH-16 Rev 1/89	

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o	certif	dina
DIVISION OF WHAL RECORDS, P.O. BOX 1314	OR ATTENDING PHYSICIAN, The law requires that the death certificate be execute	DIDECTOR: After this caldificate has been signed by the attending placing and or
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	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.		31011			
	1. DECEDENT'S NAME (First, Middle, Last) Gary	Α.	Cook		2. DATE OF DEATH DO 11 11	90	3. TIME OF DEATH 3:57 A N			
	4. SOCIAL SECURITY NUMBER 235 68 8520	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH OCT. 15,	1943	HRTHPLACE (State or Foreign Country) Nest Virginia			
TOR	9a. FACILITY NAME (If not institution, give s 224 S. Patterson RESIDENCE OF DECEDENT		9	Baltimore		9c. COUNTY	of Death 1/8			
DIRECTOR	10a. STATE 10b. COUNTY Maryland n/s			rown or Location		10				
FUNERAL	100. STREET AND NUMBER 224 S. Patterson			10f. ZIP CODE 21231		10g. CITIZEN OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 -NO	13. WAS OECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TYES 2 NO Speci	an, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unavailable			sual OCCUPATION k done during most of working edired.) Installer	16b. KIND OF BU	KIND OF BUSINESS/INDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last) Arthur Cook, Jr. 18. MOTHER'S NAME (First, Middle, Melden Surneme) Lillian E. Cox									
TO B	19a. INFORMANT'S NAME (Type/Print) Carolyn Gorby (sister) 19b. Mailino Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) General Delivery, Simpson, WV 26435									
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 KRamoval from State 4 Donation 5 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Capitol Funeral Service Falls Church, VA.									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease Due to (or as a consequence of):									
ATION	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
CAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ANALIABLE TION									
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	theck only one)					
PHYSICIAN: MEDI	1 💢 YES 2 🗌 NO 27. MANNER OF OEATH 1 🛣 Natural 5 🗍 Pending	1 Inpatient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Sp	tY — At home, farm, atr		281. LOCATION (Street City or Town, State	and Number or f	Bural Route Number,			
COMPLETED	cool com			at the time, data and piece, and du			suse(s) and manner as stated.			
BE	296. AND TITLE OF CENTIFIE	Then		29c. LICENSE NO	OCME	29d. DATE SI	GNED (Month, Day, Year) 11/11/90			
2	30. NAME AND ADDRESS OF PERSON WE			Penn St.	Baltimore	. Md.	21201			

32. BEGISTRAR'S SIGNATURE

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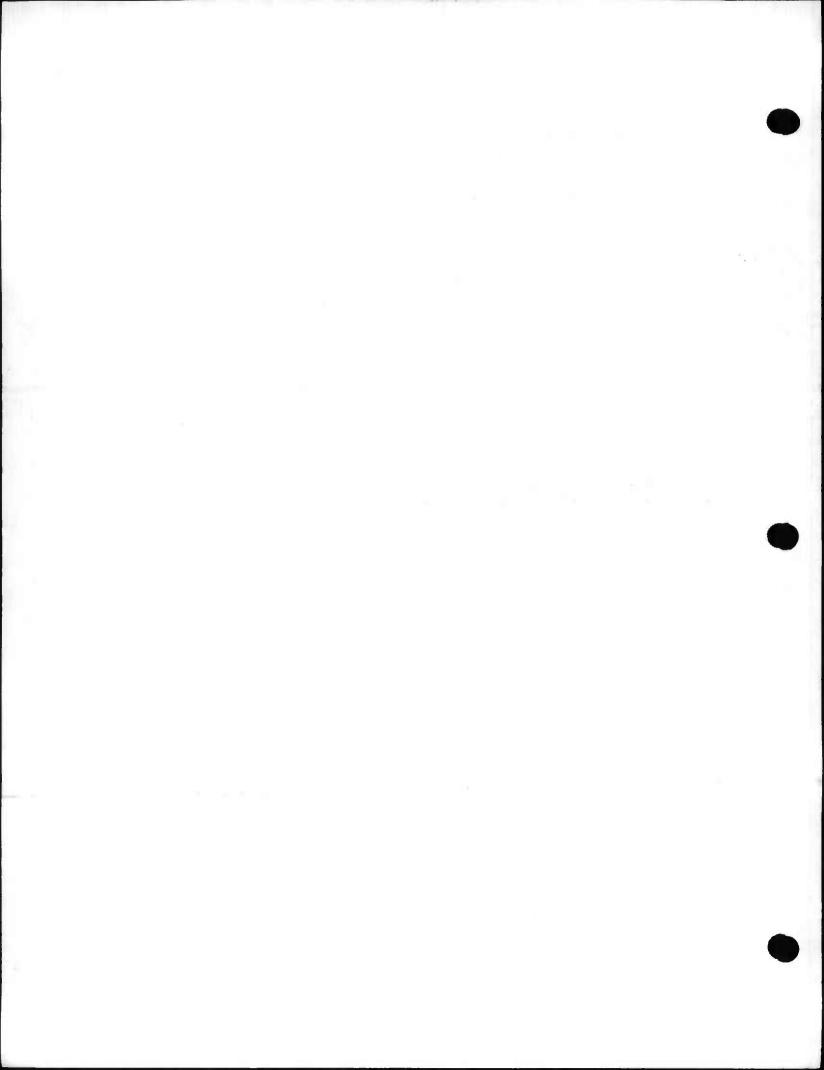
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours	CTOR: After this certificate has been signed by the attending physician and completely filled in b	9
F	E	518

A.P. Nazemi 31. DATE FILED (Month), Day, Year) NOV 2 0 1990

	FOR ST	ATE OF MARYLAND /	DEPARTMEN'	T OF HEALTH AND	MENTAL HYCIEN	<u>,</u> 9	0 31678		
_	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			OF DEATH	REG. NO	_	3. TIME OF DEATH		
		M. CAMPI	BELL	MONTH / / S	190	AR 400 M			
	4. SOCIAL SECURITY NUMBER 5. SE	K 6. AGE (In yrs. les	t birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 21-		BIRTHPLACE (State or Foreign Country) MD		
	9a. FACILITY NAME (If not institution, give street and	24		, TOWN OR LOCATION OF D					
TOR	CHURCH HO		1 11 15	LTIMORE, CI		9c. COUNTY	OF DEATH		
RAL DIRECTOR	10a, STATE 10b, COUNTY			10c. CITY, TOWN OR LOCATION Baltimore City					
	100. STREET AND NUMBER 22829 MONTEBELIO	THE DE	÷r	101. ZIP CODE 2 1 2 1 4		1½ Yes 2 □ NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN D.S. AR DRCES? 1 YES 2 YES, GIVE WAR OR DATES	RMED 13.	WAS BECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specific	an, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc.		
	15. DECEDENT'S EDUCATION (Specify only highest grade complet	16e. DE	ECEDENT'S USUAL C	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUST	WHITE		
COMPLETED	Elementary/Secondary (0-12) Colle	ge (1-4 or 5 +)		MAKER	0	WN HO	ME		
BE COI	17. FATHER'S NAME (First, Middle, Lest) WILLIAM GEROGE KINZNER 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANN E. DYOTT								
TO B	190. INFORMANT'S NAME (Type/Print) MAY D. WILHELM	n, State, Zip Co IMORE	, MD.21214						
	20a. METHOD OF DISPOSITION Dispuriel 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) Dispuriel 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) Dispuriel 2 Cremetton 3 Removal from State ADDITION (Name of cemetery, cremetory or other place) IMMANUEL LUTH. CH. CEM. BALTIMORE, MD.								
	21. SIGNATURE OF FUNERAL SERVICE TREESE 22. NAME AND ADDRESS OF FACILITY								
	HENRY W. JENKINS AND SONS 21212 4905 YORK ROAD. BALTIMORE, MD.								
	23. PART I. Enter the disagrees, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final disease or condition CASTRO INTESTINAL BIBSON INTESTINAL BIBS								
	resulting in death) a	DUE TO (OR AS A CONSEQUENCE OF):							
ATION	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
CE	d								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions cont	PERFO	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF DEATH?						
N: M	1 YES 2 NO								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)				
YSI	1 ☐ YES 2 NO 1 NO	npatient 2 - ER/Outpatient		rsing Home 5 - Residence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	25b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	25d. DESCRIBE HOW	INJURY OCCUR	ED		
		8e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, etreet, fa	ctory, office	251. LOCATION (Street City or Town, State	and Number or	Rurel Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1 MEDICAL EXAMINER: On 1	to the best of my knowledge, do					euse(e) end manner as stated.		
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	homes	n - D	29c. LICENSE NU	MBER 3 2 2	29d. DATE S	IGNED (Mogth, Day, Year)		
5	30, NAME AND ADDRESS OF PERSON WHO COM	DISTED CAUSE OF DEATH //TS	FM 070 (Fire Driet)			/			

. Church Hospital 100 Broadway

DHMH-16 Rev 1/89



	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should			١
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	cate ha	State De	Item 2	
	is certifi	with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.	
	After th	death w	merk	
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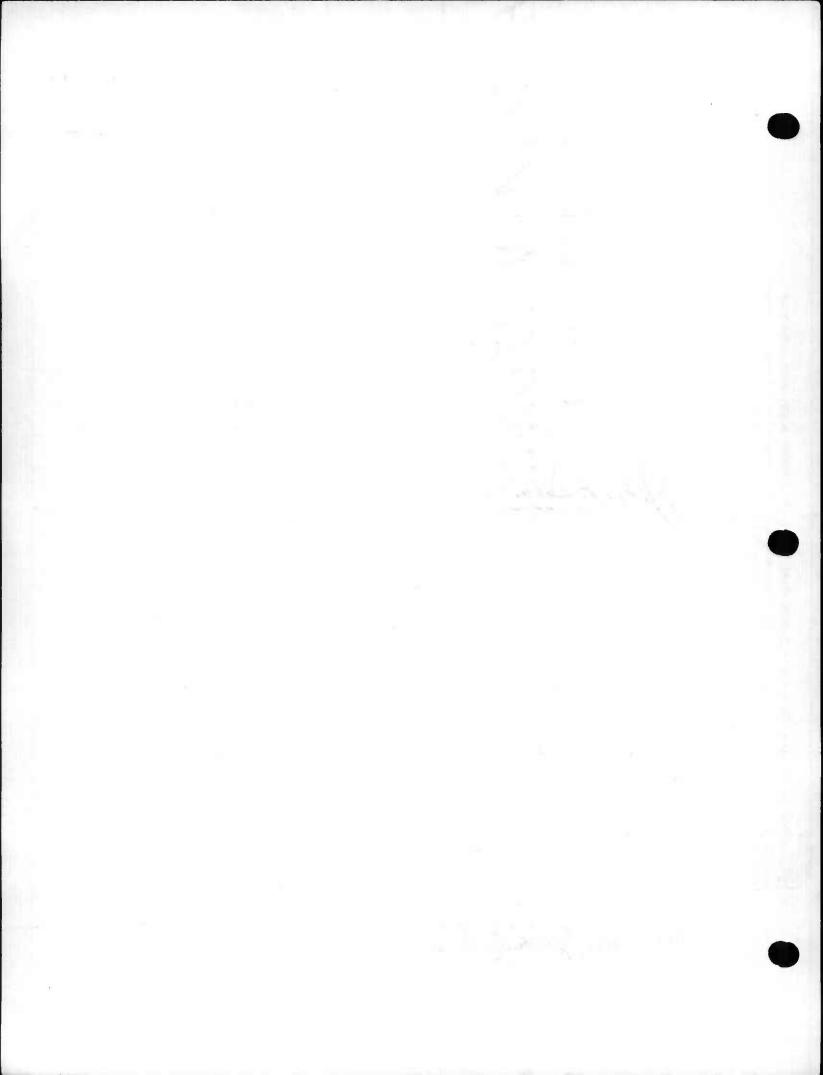
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1. DECEDENT'S NAME	cont a diplotta di math		C	ERTIF	ICATE O	HEALTH F DEA	TH	REG. NO.		I			
Evelyn	Joseph:	ine Deri	renberg	jer				2. DATE OF DEATH	1 990	YEAR 2 A			
4. SOCIAL SECURITY 217-05-		5. SEX 1 M 2 X F	6. AGE (In yrs. les	vrs.	IF UNDER 1 YEAR MONTHS DAYS		R 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year) 6 - 25 - 19		BIRTHPLACE (State or For Country) MD			
90. FACILITY NAME (III GBMC		street and number)			96. CITY, TOW Bal	timo:			9c. COUNT	Itimore			
GBMC RESIDENCE OF 10a. STATE MD	Balt	timore			ry, town on Loc Ba 1	timo:	re			10d. INSIDE CITY LIMITS? 1 YES 2			
6913 La	chlan (Circle	Apt. 0	3		101, ZIP COD	212	39	10g. CITIZ	USA			
3 Wildowed 4	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES A				If yes,		en, Mexicer	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE — American India Black, White, etc. Specify: White			
	i. DECEDENT'S EDU illy only highest grade dary (0-12)		+)	Give kind of to b. Do NOT us			ing	16b. KIND OF BUSINESS/INDUSTRY					
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								е				
19e. INFORMANT'S NA	John V. Derrenberger 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21239 4913 Lachlan Circle Apt. G Balto., MD												
20a METHOD OF DISI 3 Dennipon S D	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place) MOreland Cemetery Balto., MD 22c. NAME AND ADDRESS OF FACILITY												
1/04	Johnson Funeral Home 8521 Loch Raven Blvd. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate												
23. PART I. Enter is ahock, immediate causi disease or condition resulting in death)	or heert fellure. E (Final on	a	at caused the duse on each line	ie.		node of dy	ring, such	h aa cardlac or reap	iratory arre	est, Approxima Interval Ba Onset and			
Sequentially list of any, leading to I cause. Enter UNDI CAUSE (Disease of that initiated even resulting in death)	mmediate ERLYING or injury ts	b. DUE TO	O (OR AS A CONSE		DP:	rex							
DART II OM II	resulting in death) LAST												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Denution							24b. WERE AUTOPSY FIN MAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 M						
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1												
25. WAS CASE REFEREXAMINER?	,		☐ ER/Outpatient	3 LI DOM	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF SCHOOL STATE WORK? 1 YES 2 N					28d. DESCRIBE HOW INJURY OCCURED			
EXAMINER? 1 YES 2 A 27. MANNER OF DEAT 1 Natural 2 Accident	H 5 Pending Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. Tile IN.	M 1 [WORK?	□ NO		and Number	or Gural Boyda Number			
2 Accident	H 5 Pending Investigation 6 Could not be determined	28a. DATE Of (Month, I	F INJURY Day, Year) OF INJURY — At h I, etc. (Specify)	28b. Tik IN. nome, farm,	M 1 [WORK? YES 2		281. LOCATION (Street City or Town, State))				
2 Accident 3 Suicide	H 5 Pending Investigation 6 Could not be determined CERTIFYING PHYS	28a. DATE Of (Month, I	F INJURY Day, Year) OF INJURY — At h 1, etc. (Specify) of my knowledge, d	28b. Tih IN.	street, factory, o	WORK? YES 2 Iffice	o, and due	281. LOCATION (Street City or Town, State) to the cause(s) and ma time, date and place, as	nner as state				

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32. REGISTRAR'S SIGNATURE A Davidson-Randars

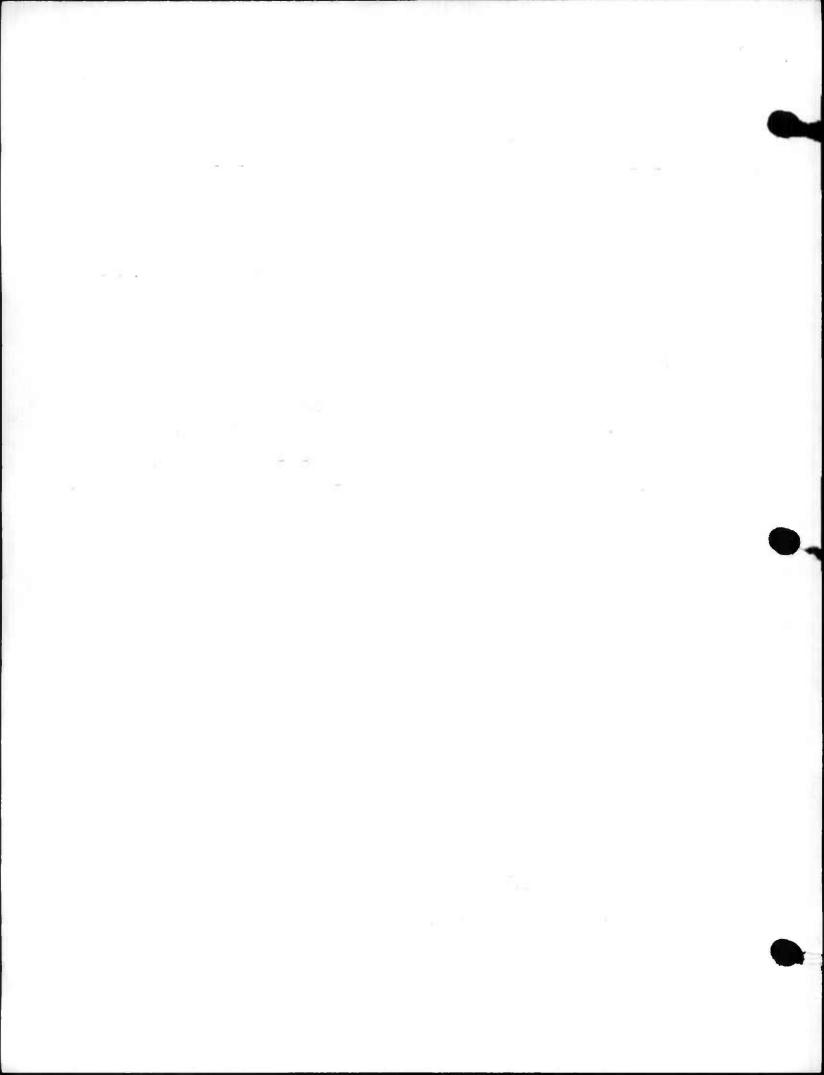
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TO THE HOSPITAL DR ATTENDING PHYSICIAN TIE WAS IN THE death certificate be executed within 2x rours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certification and the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA				EALTH AN	D MEN	TAL HYGIEN	90) 3	1680	
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			TIME OF DEATH	
	Jose	ph E. DORS	EY				2.7.0	ovember		199	0 4:35AM	
		11.555	yrs. last birth	day) IF UNDE	DAYS	IF UNDER 24 HR	s. 7. D/	TE OF BIRTH	8.	Country)	CE (State or Foreign	
	215-12-5456	M 2 □ F 70	Y	RS. MONTHS	DAYS	HOURS MIN	1	1-19-191	9	MARY	/LAND	
	9e. FACILITY NAME (If not institution, give stre			9b. CIT		OR LOCATION OF			9c. COUNTY			
DIRECTOR	FRANKLIN SQUARE H	HOSPITAL			RO	SSVILL	E		Ba1	timo	re Count	
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		100	. CITY, TOWN	OR LOCAT	ION				100	I. INSIDE CITY	
PIR	MARYLAND E	BALTIMORE				EDGEME	RE			1.	LIMITS?	
	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZEN OF WI			COUNTRY?	
FUNERAL	7320 WALDMAN AVENUE					2	1219	9 U.S.A			١.	
5		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13		ENDENT OF HIS		IGIN? (Specify Yes	or No- 14.	RACE - /	American Indien, nite, etc.	
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OB DA					eclly:	rio moan, acc.)		Specify: 1		
	15. DECEDENT'S EDUCA			NT'S USUAL (COURATIO	241		16b. KIND OF BUS	INCOCUMENTS		.1 L	
1	(Specify only highest grade c	ompleted)	(Give kir	nd of work done IOT use retired.	during mo			190. KIND OF BUS	HINESS/INDUS	INT		
7	Elementary/Secondery (0-12)	College (1-4 or 5+) N/A	1	LATHE OPERATOR				BETHLE	HEM S	TFF1.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						NAME (FI	rst, Middle, Meiden		LLL		
BE C	HOWARD DORSEY					ELIZ	ABET	H EIRMAN	IN			
10 B	19e. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	19b. MA	ILING ADDRES	S (Street e	and Number or R	ural Route I	Number, City or Town	n, State, Zip Co	icle)		
۲	FRANCES E. DURSES	/	73	320 WAI	O WALDMAN AVENUE BALTIM					ORE. MARYLAND 21219		
- 1	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remove	20b.	PLACE OF D other place)	ISPOSITION (A	lame of cei	metery, crematory			CATION - CIT	,		
	4 Donetion 8 Other (Specify)		EL AIR	MEMOT					AIR,	MARY	'LAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK INC.											
	~ ~ ~ ~ · ~ · ~ · ~ · · · · · · · · · ·	Cond	٠ع					E DUNDA			21222	
	23. PART i. Enter the disesses, or co shock, or heart fellure. L.			Do not ente	r the mo	de of dying,	such as	cardlec or respi	retory srres	t,	Approximate Interval Between	
- 1	IMMEDIATE CAUSE (Final									Onset and Death		
	disease or condition resulting in death) s		carcinoma of base of to					ıe				
	DUE TO (OR AS A CONSEQUENCE OF):											
ON	Sequentially list conditions, Oropharynx with massive hemorrhage and DUE TO (OR AS A CONSEQUENCE OF):											
¥	If any, leading to immediate cause. Enter UNDERLYING							aspiration				
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in deeth) LAST											
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND									RE AUTOPSY FINDINGS		
CAL	Part III. Viller agrillour continuiting to death but not resulting in the underlying ceuse given in Pa							PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CA			MILABLE PRIOR TO MPLETION OF CAUSE	
ED								1 X YES 2	□ NO		DEATH? YES 2 NO	
Σ	-									1 "	1 123 2 [] 110	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH	Check on	ily one)				
SIC	EXAMINER? 1 YES 2 XO	HOSPITAL: 1 Xinpatient 2 ☐ ER/Outp.	ationt 3 🗆 C	OTHE		ne 5 🗆 Reside	nce 8 🗆	Other (Specify)				
¥	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28	b. TIME OF INJURY	28c. IN.	JURY AT	28d.	DESCRIBE HOW I	NJURY OCCU	RED		
ВУ	1 Natural 5 Pending 2 Accident investigation			М		YES 2 NO	2					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home,	farm, street, te	ctory, offic	De .	281.	LOCATION (Street City or Town, State)		Rural Route	Number,	
ETE												
COMPLETED	(Crisch Grilly	CIAN: To the best of my knowl										
Ö	one) 2 MEDICAL EXAMINER	R: On the beele of examination	end/or inves	stigetion, in my	opinion,	death occured a	t the time,	dete end place, er	nd due to the	euse(e) en	d manner as steled.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE		JMBER 29d, DATE SIG				
TO E		mi				N/	A		1	1-16	-90	
	30. NAME AND ADDRESS OF PERSON WHO			(Type, Print)		0000	т.	1 . 7 . 1				
		LOIIILS, IVI.	D,			9000	Fr	anklin	Squa	re D		
	31. DAY, FILED, (Month, Day, Year) 1990	Sie Davidson		_							21237	

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

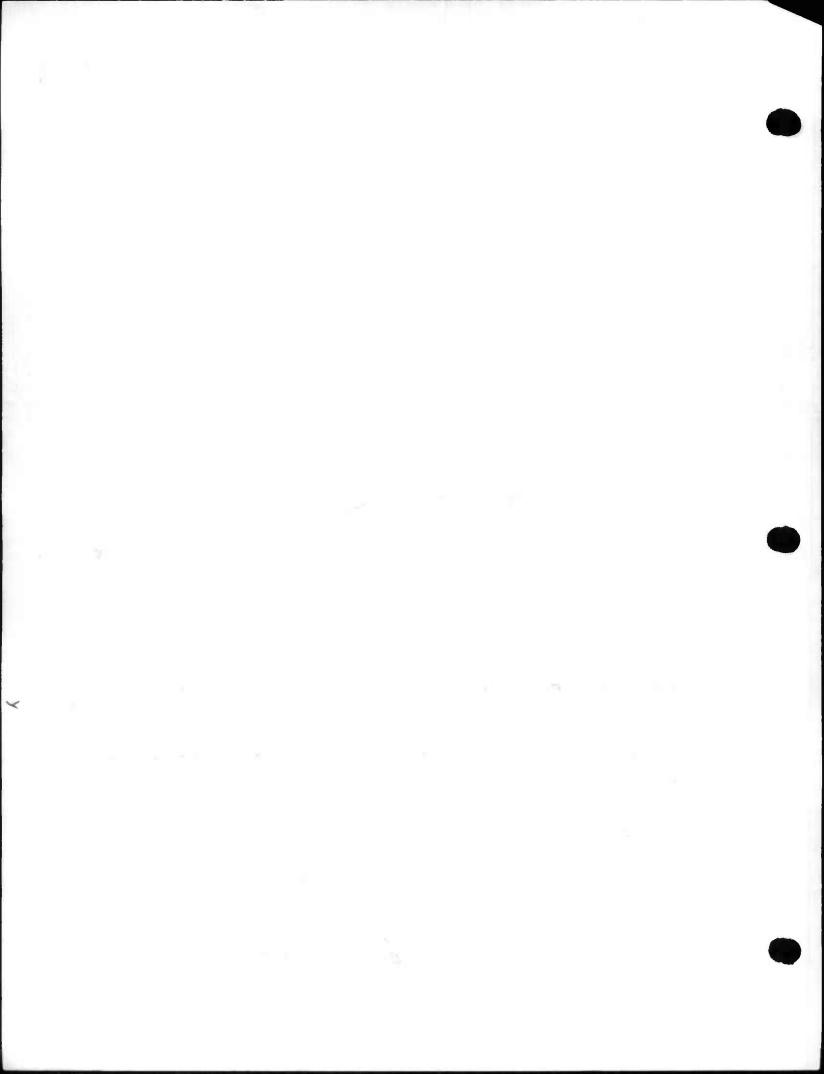
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and set of the floating physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

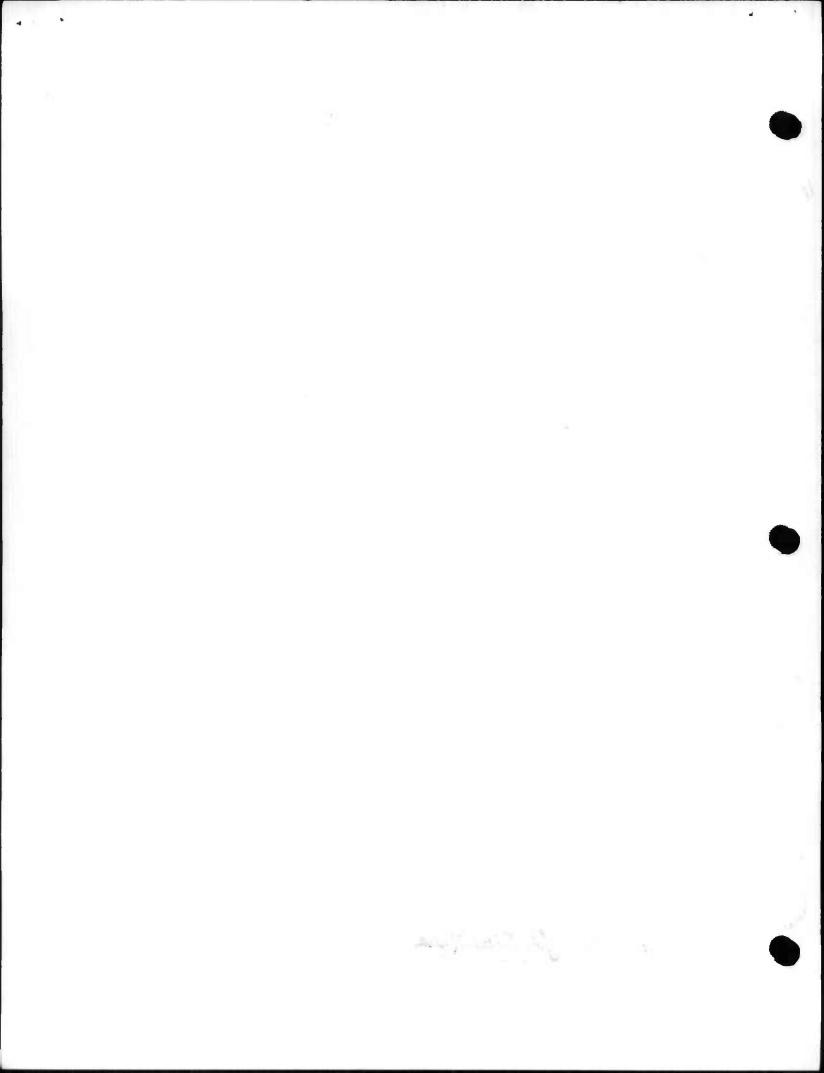
	FOR STATE REGISTRAR	TATE OF MARYL		MENT OF HEAD		ENTAL HYGIENE REG. NO.		0 0 1 0 0 1	
	DECEDENT'S NAME (First, Middle, Linst) MAXINE	BEATRI	CE	DAVIS		2. DATE OF DEATH	90	3. TIME OF DEATH	
				UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH	6. BIF	TTHPLACE (State or Foreign	
	215-28-3998	☐ M 2 🙀 F	60 YRS.	NTHS DAYS HO	URS MIN.	(Month, Day, Year) 9 - 1 1 - 3 0	Coc	MD	
	9a. FACILITY NAME (If not institution, give street a	and number)	91	L CITY, TOWN OR LO		тн	9c. COUNTY OF		
DIRECTOR	GREATER BALTIMO	DRE MED.	CENTER	BALTIMO	RE CI	ΤΥ			
E E	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY	
	MD		BAL	TIMORE	CITY			LIMITS? XX YES 2 NO	
FUNERAL	934 STODDARD (COURT		10f. ZIP 2]	201		10g. CITIZEN OF WHAT COUNTRY? USA		
5		WAS DECEDENT EVER IF				C ORIGIN? (Specify Yee o	r No- 14. R/	ACE — American Indian, lack, White, etc.	
BY	1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR D	ATES		NO Specify:	, ruesto moen, ato.;	1 010	pecify:	
	15. DECEDENT'S EDUCATION	ON .	16e. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUSI	NESS/INDUSTR	BLACK	
COMPLETED	(Specify only highest grade comp	pleted) ollege (1-4 or 5 +)		done during most of	working				
AP.	12th Grade		Domest	ic					
0	17. FATHER'S NAME (First, Middle, Last)			357		E (First, Middle, Maiden St			
BE	BERNARD	QUEEN			DOROTH			LBERT .	
6	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town,		MD. 21223	
	GLENN A. OUEEN	201	2304 D. PLACE OF DISPOSITI				ATION — City or		
	20a, METHOD OF DISPOSITION X Burial 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State	other place)					LSTOWN, MD	
	21. BIGNATURE OF FUNERAL SERVICE LICENS		THO HEIR	22. NAME AND A					
	+ Francis	How						NORTH AVE.	
	23. PART I. Enter the diseases, or com shock, or heart fellure. List	plications that cause only one cause on e	d the death Do not ech line.	enter the mode	of dying, such	aa cerdiec or respire	story arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	1.6						Onset and Death	
	resulting in death) e	DUE TO (OR AS	CONSEQUENCE OF	werer:	02			BINIAUTES	
_			,						
9	Sequentially list conditions, first, leading to immediate Due TO (OR AS A CONSEQUENCE OF):								
CA	CAUSE (Disease or Injury c. —								
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS)	A CONSEQUENCE OF):						
CERTIFICATION	d								
AL	PART II. Other aignificent conditions co			the underlying co	uaa given in P	Part I. 24s. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	Congestive Ho	ort fail	ure			1 YES 2	WWO ON THE	OF DEATH?	
ME						_		1 TYES 2 MNO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28 01 405	OF DEATH (Chec	ck only one)			
Sici	EXAMINER?	OSPITAL:		THER:					
HX	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME (OF 26c, INJURY	AT	28d. DESCRIBE HOW IN	JURY OCCURE	employment	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		2 🗌 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stre	et, factory, office		28f. LOCATION (Street en City or Town, State)	nd Number or Ru	ral Floute Number,	
	4 Homicide determined								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE)								
Ö	2 MEDICAL EXAMINER: 0	on the beele of examination	on end/or investigation,					se(s) end manner es stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0- 110		29	C. LICENSE NUM	3 3 O		NED (Month, Day, Year)	
2	SO NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	EATH (ITEM 27) /Bos D	rint)	UJJ	130	- 111	20/90	
9	22 41 Huds	to u Ava	Ratto	N. 1 2	1212				
	22 43 Hudis 31. DATE FILED (Month, Day, Year) 11/20/80	32. REGISTRAR'S SIGI	NATURE	pion Pl	υ ε 7				
	11/20/10	NUV 2	0 1990 9	whia Davidso	n-Alander	e.			



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-77
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THE HOSPITAL OR ALLENDING PHYS	0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
M	ERAL	n 72	THE	Į
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0	THE FUNEAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	be 1	E	l

	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I OF DEATH	MENTAL HYG REG.		0 31682	
1	1. DECEDENT'S NAME (First, Middle, Last)	Ŧ.	elix FEI	LIX	De C ICCO	2. DATE OF DEAT	н <u>.</u> 17. 90	3. TIME OF DEATH	
}	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
	216-05-7635 9a. FACILITY NAME (If not institution, give st	1 M 2 F	97 yrs.		WN OR LOCATION OF DE	5-5-18		OF OEATH	
TOR	FRANCIS SCOTT A		L CEN.		TIMORE	Ain	Sc. COUNTY	OF OEATH	
EG	10a. STATE 10b. COUNTY	r	10c. CITY	r, TOWN OR L	OCATION			10d. INSIDE CITY	
DIR	MARYLAND 104, STREET AND NUMBER		BAI	LTIMO			1 M YES 2		
ERAI	7306 TRED AVON	ROAD			21220		USA	OF WHAT COUNTRY?	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yo	OECENDENT OF HISPAN e, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rican, etc	-)	RACE — American Indian, Black, White, etc. Specify:	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCU	PATION or most of working	16b. KINO O	F BUSINESS/INDUST		
COMPLETED	Elementary/Secondary (0-12) 8 YEARS	College (1-4 or 5+)	MACHTI		ig most of working	CONTE	NTIAL C	CAN CO.	
Ø.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M			
BE C	ANTONIO DeCIO	000			FILOME	NA D'A	LESANDF	20	
5	19a. INFORMANT'S NAME (Type/Print) MR. RONALD Detal	ICCO			reet and Number or Rural I				
	20a. METHOD OF DISPOSITION	20	Db. PLACE OF DISPOS	SITION (Name	of cametary, crematory or		c. LOCATION — City		
	1 💢 Burial 2 🗆 Cremation 3 🗆 Rame 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	OAKLAWN	CEME	TERY	ΒA	LTO. ME).	
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMSEE,		KAC	ZOROWSKI	FUNERA	L HOME		
_ •	aimond Z.	Xaczau	woli	252	5 FLEET	ST. BAL	TO. MD.		
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on	each lina.	not anter the	a moda of dying, suc	h as cardiac or	reapiretory screst	Approximats Interval Between Onset and Death	
	resulting in death)		A CONSEQUENCE OF	F):					
NO	Sequentially list conditions,								
₹	tany, leading to immediate cause. Enter UNDERLYING								
일	cause. Entar UNDERLYING CAUSE (Disease or Injury	C	III (1677 (67)						
RTIFIC	cause. Entar UNDERLYING	C	A CONSEQUENCE OF						
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF	F):	riving cause given in	Part I. 24a W	VPQOTILE NA P.	24h WERF AUTDPSY FINDINGS	
	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART il. Other aignificent condition	c. DUE TO (OR AS	A CONSEQUENCE OF	F):	rlying cause given in	PE	IS AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF	F):	rlying cause given in	PE		AVAILABLE PRIOR TO	
	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition	c. DUE TO (OR AS	A CONSEQUENCE OF	F):	rlying cause given in	PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition IDDM Decubit 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. DUE TO (OR AS d	A CONSEQUENCE OF	in the unde	rlying cause given in	1 🗀 Y	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition IDDM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAO	c. DUE TO (OR AS d	A CONSEQUENCE OF	in the unde	26. PLACE OF DEATH (Ch) Home 5	neck only one)	RFORMED? ES 2 NO	AMABABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition IDDM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Netural 5 Pending	c. DUE TO (OR AS d	A CONSEQUENCE Of but not resulting	OTHER: 4 Nursing	26. PLACE OF DEATH (C)	neck only one)	RFORMED? ES 2 NO	AMABABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
D BY PHYSICIAN: MEDICAL	Cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition ID D M 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Netural 5 Pending	d	but not resulting	OTHER: 4 Nursing	26. PLACE OF DEATH (Ch g Home 5	eck only one) 6 Other (Specification Describes in the control of	RFORMED? ES 2 NO 1) HOW INJURY OCCUP	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
D BY PHYSICIAN: MEDICAL	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition IDDM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting but not resulting putpetient 3 DOA (28b. TIM IN. RY — At home, farm,	OTHER: 4 Nursing BE OF 28 FURY M street, factory	26. PLACE OF DEATH (Ch g Home 5 Residence c. INJURY AT WORK? I YES 2 NO office	oeck only one) 6 Other (Specification) 28d. DESCRIBE In City or Rown,	PRORMED? ES 2 AO TO NOW INJURY OCCUPATION OF State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition IDDM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting but not resulting putpetient 3 DOA (28b. TIM IN. RY — At home, farm,	OTHER: 4 Nursing BE OF 28 FURY M street, factory	26. PLACE OF DEATH (Ch g Home 5 Residence c. INJURY AT WORK? I YES 2 NO office	seck only one) 6 Other (Specific 28d. DESCRIBE) 28f. LOCATION (S. City or Town,	INFORMED? ES 2 Alo I) HOW INJURY OCCUP Street and Number or State) d manner as stated. cc, and dua to the c	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NEO REO Rural Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	Cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition D D M	DUE TO (OR AS d	but not resulting but not resulting stepation 3 DOA 28b. TIM IN. RY — At home, farm, wiedge, death occurr ion and/or investigative	OTHER: 4 Nurshry BE OF 28 FURY M street, factory	26. PLACE OF DEATH (Cr. g Home 5	PE 1 Y Neck only one) 6 Other (Specification of the Cause(a) are time, data and planes.	INFORMED? INFORMED. INFORMED.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number, cause(s) and manner as stated.	



Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

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COMPLETED

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CERTIFICATION

MEDICAL

PHYSICIAN:

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31. DATE FILED (Month, Day, Year) NOV 2 0 1990

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DIRECTOR: / hours after of item 28 is

TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 PM IMPORTANT: If IN

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P.O.

OF VITAL RECORDS,

NOISING HOSPITAL OR ATTENDING

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 2. OATE OF OEATH Gussie MONTH Ella Evans 19 90 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 8/8/95 DAYS HOURS Va. 212 32 4001 MIN. 1 M 2 F 95 VDS Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH Seton Manor Baltimore RESIDENCE OF DECEDENT 10c CITY, TOWN OB LOCATION
Baltimore Md . 10d. INSIDE CITY 1 X YES 2 | NO 10e, STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 910 N. Gilmor Street 21217 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC QRIGIN? (Specify Yee or No—if yes, specify Cuben, Mexican, Puerto Ricen, etc.)

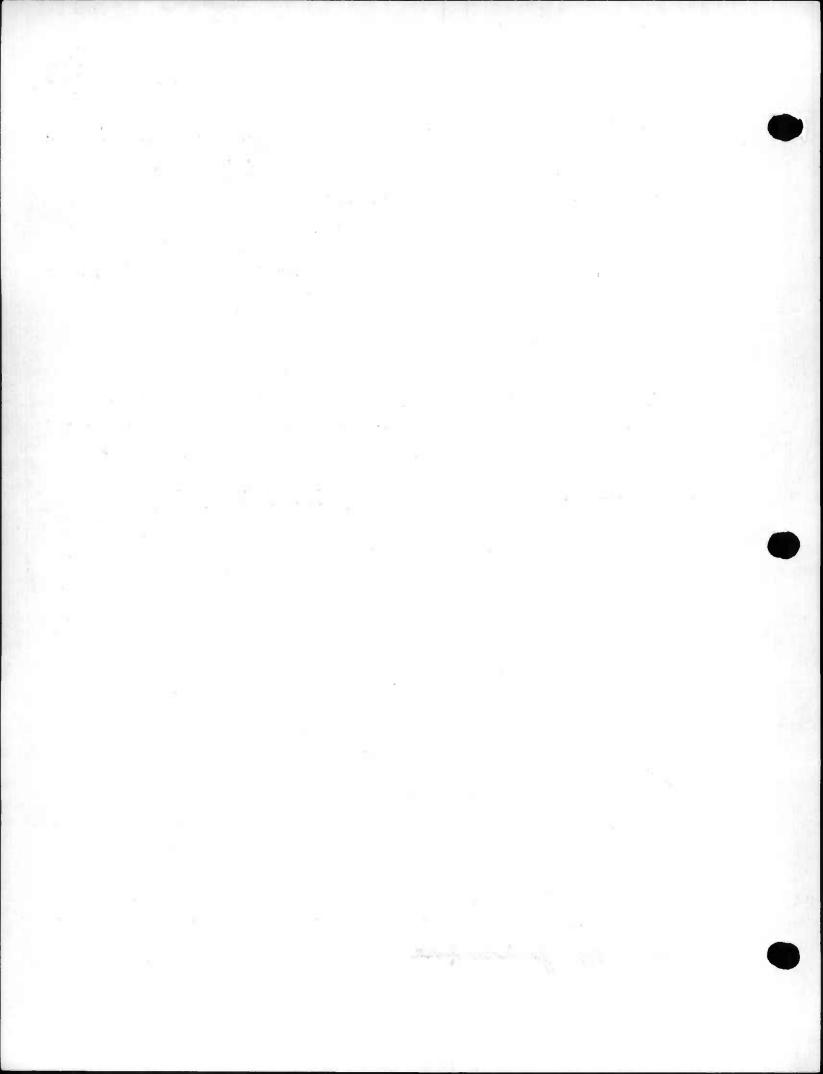
1 YES 2 NQ Specify: 14. RACE — American Indian, FORCES? 1 YES 2 2 NO 1 Never Married 2 Merried 3- Wildowed 4 Divorced Black 15. OECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Augustus Evans Rachel Brown 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Charles D. Evans 2214 Mt. Royal Ter. Balto., Md. 21217 28e METHOD OF DISPOSITION
1 Surial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State "Arbutus Balto., Md/ 21. SIGN TURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY James A. Morton W Sons ames a. Morton 1701 Laurens St. Balto., Md 21217 23. PANY 1. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** ahock, or heart fellure. List only one cause on each line. Interval Between Onaet and Death IMMEDIATE CAUSE (Finel disease or condition (Teneralized ASCUD 2415. resulting in death) QUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (QR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Diabetes Mellitus DEDECIDMENT AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TLNO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE QF OEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Wireling Home 5 Recidence 6 Other (Specify) 1 TES 2 NO 26b. TIME OF 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town State) 3 Suicide S Could not be determined 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIQNEO (Month, Day, Year) aine Tynzalan D15124 11 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 524 Har Endred. Balto. MD 2-1214 VAIME M. PUNZALAN

32. REQISTRAR'S SIGNATURE

Aulia Davidson-Randall

DHMH-16 Rev 1/89



DNMN-18 Rev 1/89

PHYSICIAN: The law requires that the death certificate be executed within 23 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL TO THE FUNERAL DE filed within 72 In

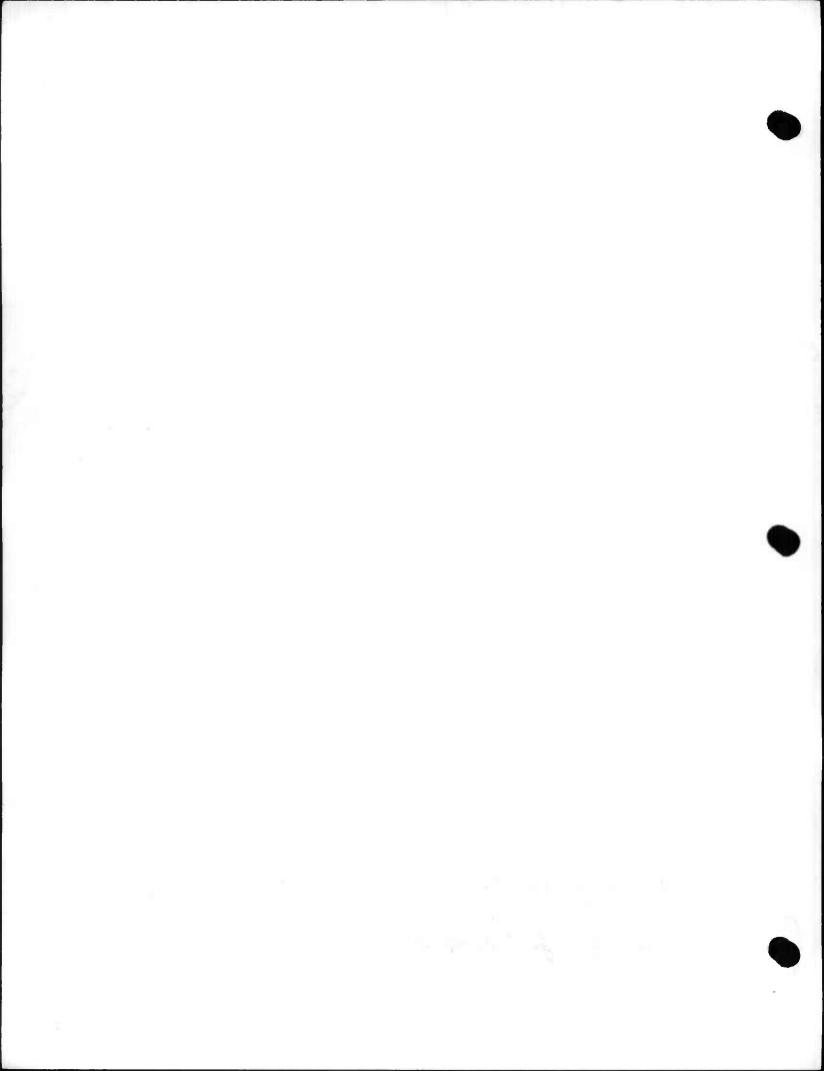
	1 - FOR STATE REGISTRAR	TE OF MARYLA			F HEALTH AND	MENTAL HYGIEN		50 51004
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
!	JOHN CHARLES EDWAR	DS				MONTH D	8	10 8182 Au
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (h	yrs. last birthday)	IF UNDER 1 Y		7. DATE OF BIRTH		8. BIRTNPLACE (State or Foreign Country)
	202-05-7521	42□F 82	YRS.	MONTHS D	AYS HOURS MIN.	(Month, Day, Year) 4-30-08		Pennsylvania
	9e. FACILITY NAME (If not institution, give street end	number)		9b. CITY, TO	WN OR LOCATION OF DI		9c. COUNT	TY OF DEATH
K	UNION MEMORIAL HOS	PITAL		BAL	TIMORE CIT	Y	MAI	RYLAND
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY							The second second
E				Y, TOWN OR I				10d. INSIDE CITY LIMITS?
BY FUNERAL DIRECTOR	Maryland 100, STREET AND NUMBER		Bal	timore	7			1 X YES 2 ☐ NO EN OF WHAT COUNTRY?
E I					101. ZIP CODE		1	
W.	3501 St. Paul St.				21218			S.A.
FU	1 Never Married 2 Married FO	S DECEDENT EVER IN RCES? 1 \(\text{ YES}	2 X NO	If ye	B DECENDENT OF NISPAI DE, specify Cuban, Mexico	in, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.
BY	3 X Widowed 4 Divorced	YES, GIVE WAR OR DA	TES	1 1 -	YES 2 NO Specif	y:		White
	15. DECEDENT'S EDUCATION		16e. DECEDENT'S	USUAL OCCU	IPATION	16b, KIND OF BU	SINESS/INDU	ISTRY
	(Specify only highest grade complete Elementary/Secondary (0-12) College	e (1-4 or 5+)			ng most of working			
COMPLETED	6 y		Teache	r-Art		Educa	tion-A	irt
0	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE C	Charles A. Edwards				Bertha]	Hughes	
TO B	19e. INFORMANT'S NAME (Type/Print)				treet and Number or Rural			Code)
F	George Edwards		1729	Park A	Ave. Baltir	nore, Md.	21217	
	20e. METHOD OF DISPOSITION 1 ☐ Burlal 2 XIX remation 3 ☐ Removal fro	m State 20b.	place of dispo other place) reen Mou	SITION (Name	of cemetery, cremetory or			lity or Town, State
	4 Donetion 5 Other (Specify)	G:	reen Mou				ltimor	re, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	//			ME AND ADDRESS OF FA CK TOWSON I		ne. In	ic.
	- Kun Ulan	14			0 York Rd.			
	23. PART i. Enter the diseases, or complice shock, or heart failure. List on			not enter th	e mode of dying, aud	ch as cardiac or reap	iratory arre	est, Approximate interval Between
	IMMEDIATE CAUSE (Fine)	٨٥	1		0 15			Onset and Death
	disease or condition resulting in death)				torction			2 Day 5
		DUE TO (OR AS A	CONSEQUENCE O	F):				12 N.
NO	Sequentielly list conditions, b.	OUE TO (OR AS A	SCN & W	19				> Day >
TA	If any, leading to immediate cause. Enter UNDERLYING	/ T	Bloom	dina				11 Week
윤	CAUSE (Disease or injury that initiated events	DUE TO TOH AS A	CONSEQUENCE O	F):				1
CERTIFICATION	resulting in death) LAST			,				
	BART II Other civelilent anddien out	dhudha ta da dh h		la Aba wada	dutan anna dhua ta	Part I. 24a, WAS AF	ALFTONOV	24b, WERE AUTOPSY FINDINGS
Y	PART II. Other significent conditions cont	ributing to deeth bi	ut not resulting	in the unde	riying ceuse given in	PERFO		AMAILABLE PRIOR TO
ă						1 _ YES	NO	OF DEATH?
Σ								1 - YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL							
BY PHYSICIAN: MEDICAL	EXAMINER? NOS	PITAL:		OTHER:	28. PLACE OF DEATH (C			
448		petient 2 ER/Outp	28b, Till	1	g Home 5 Reeldence	28d. DESCRIBE HOW	INJURY OCC	URED
ā	1 Vestural 5 Pending	(Month, Day, Year)	IN	JURY	WORK?			
é	2 Accident Investigation 3 Suicide & Could not be	8e. PLACE OF INJURY				28f. LOCATION (Street		or Rural Route Number,
1	4 Homicide determined	building, atc. (Spec	lfy)			City or Town, State)	
	290. CERTIFIER 1 CERTIFYING PHYSICIAN: T	the best of my know	edge, death occur	red at the time	, date and place, and du	e to the cause(e) and ma	nner ee state	nd.
COMPL	CONSTRUCTION /							cause(e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CONTIFIER		1		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
BE	Amer 11. Ca	men,	(h,D)		D406	70	 	1/18/90
6	30. NAME AND ADDRESS OF PERSON WHO COM	LETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)	1) 5:	301 E. 1	niv. F	Skuy
	Domes A. Coomes	M.D.	Union M	emay 10	Hospital	Baltimo	re,	112, 21218
	31. DATE FILEO (Month, Day, Year) 3	2. REGISTRAR'S SIGN			V		/	
	NUV Z U 1990 Guila	Varidson-12	ndelle					

	., ,
13146,	IAI DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	certificate be
J.	e death
KD.	that th
Ä	requires
AL	The law
OF VI	PHYSICIAN.
VISION	ATTENDING
5	N DR
	- 29

	1 - STATE REGISTRAR	-	STATE OF MA			MENT OF H		MENTAL HYGIEN REG. NO	E	90	31685
	1. DECEDENT'S NAME (First, M.	liddle, Last)		-				2. DATE OF OEATH	AY	YEAR 3	. TIME OF DEATH
	Gertri	ıde		EDGA	R.			11 17		90	9.20 2 4
	4. SOCIAL SECURITY NUMBER			. AGE (In yrs. In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	160-07-59		☐ M 2 🙀 F	92	YRS.	MINS DATS	HOURS MIN.	MArch12	,189		A
_	9a, FACILITY NAME (If not instit					D. CITY, TOWN C	OR LOCATION OF DE			NTY OF OEA	
DIRECTOR	Franklin	4	are Hos	spita	1		Rossvi.	lle	Bal	timo	re County
E E		0b. COUNTY			10c. CITY, 1	OWN OR LOCAT	ION			1	0d. INSIDE CITY
	Md.	Bal	timore				Essex			1	LIMITS?
	10e. STREET AND NUMBER					101	. ZIP CODE		10g. CITI		AT COUNTRY?
FUNERAL	1000 Fr	ankli	n Ave.	Apt.	912		2	1221		USA	
5	11. MARITAL STATUS	12	2. WAS DECEDENT					NIC ORIGIN? (Specify Ye	s or No—	14. RACE -	- American Indian, White, stc.
BY F	1 Never Merried 2 Me 3X Widowed 4 Olvorce		FORCES? 1 [Kio		2 X NO Specif	n, Pusrto Ricen, stc.) y:		Specify:	SACRESOL III
	And the second			- Inches							White
	(Specify only h	ENT'S EDUCAT	mpleted)	(1		UAL OCCUPATION Of done during mo		16b. KIND OF BU	SINESS/INC	DUSTRY	
	Elementary/Secondery (0-12 8 th	2)	College (1-4 or 5+)		Machir						
COMPLETED	17. FATHER'S NAME (First, Midd	fle Last)		1	laciili	1150	18 MOTHER'S NA	ME (First, Middle, Malder	Sumamel		
	Daniel								Schu]	1+2	
H	19s, INFORMANT'S NAME (Type			1	9b. MAILING AL	DRESS (Street a		Route Number, City or Tox			
6	Warren Ed	gar						Drive E			1.21234
	20a. METHOD OF DISPOSITION 1 - Burisl 2 - Cremation	N 3 Remove	ol from State	other t	place)		metery, cremetory or		CATION —	City or Town	n, Stats
	4 Donation 5 Other (S)		1000 1000	Met	tro Cr		ry Inc.		Balti	more	Md.
	21. SIGNATURE OF FUNERAL S	SERVICE LICEN	ISEE	11			ND ADDRESS OF FA				
	(Dungell	1. +11	milal	MA	41 /	Conn	ellyFur	neral Hon	1e300	Mace	Ave.21221
	23. PART I. Enter the disc	eases, or con	nplications that	caused tha d	laath. Do not	anter the mo	de of dying, auc	th as cardiac or resp	iratory an	rest,	Approximate
- 1		irty fallure. Lis	t only one cause	e on each lin	10.						Interval Between
- 1	II IMMEDIATE CAUSE (Final										Onset and Death
	IMMEDIATE CAUSE (Finel		Pnuemo	nia							
			Pnuemo:	nia DR AS A CONSI	EOUENCE OF):						
N	disease or condition resulting in death)	a			EOUENCE OF):						
TION	disease or condition resulting in death) Sequentially list condition if any, leading to immedia	a	DUE TO (C								
ICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or Injury	a ns, ste G	DUE TO (C	DR AS A CONSI	EOUENCE OF):						
TIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYING	a ns, ste G	DUE TO (C	OR AS A CONSI	EOUENCE OF):						
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a ns, ste G	DUE TO (C	DR AS A CONSI	EOUENCE OF):						
	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a ns, b ste G c d	DUE TO (C	OR AS A CONSI	EOUENCE OF):						Onset and Death
AL.	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Congestiv	a na, ste c d. conditions of the actions of t	DUE TO (C DUE TO (C DUE TO (C contributing to d rt Fai	OR AS A CONSI	EQUENCE OF): resulting in	tensic	n, Sei		RMED?	1 6	Onset and Death VERE AUTOPSY FINDINGS VANILABLE PRIOR TO OMPLETION OF CAUSE
¥.	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a na, ste c d. conditions of the actions of t	DUE TO (C DUE TO (C DUE TO (C contributing to d rt Fai	OR AS A CONSI	EQUENCE OF): resulting in	tensic	n, Sei	ZIITO PERFO	RMED?		Onset and Death Onset and Death VERE AUTOPSY FINDINGS WALLABLE PRIOR TO
MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant Congestiv	a na, ste c d. conditions of the actions of t	DUE TO (C DUE TO (C DUE TO (C contributing to d rt Fai	OR AS A CONSI	EQUENCE OF): resulting in	tensic	n, Sei	ZIITO PERFO	RMED?		Onset and Death WERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Congestiv Disorder	a. ste G c. d. t conditions of Hear	DUE TO (C) DUE TO (C) Contributing to d rr Fai entia,	OR AS A CONSI	resulting in Hyperiac Ar	tensic rythm	n, Sei	zure 1 PERFO	RMED?		Onset and Death WERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
MEDIC	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant Congestiv Disorder	a ste G c d. conditions of Hea	DUE TO (C DUE TO (C DUE TO (C contributing to d rt Fai	OR AS A CONSIDERAT AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSID	eouence of): resulting in Hyper i.ac Ar	tensic rythm	on, Sei	zure 1 PERFO	RMED?		Onset and Death WERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Congestiv Disorder 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 2 400 27. MANNER OF DEATH	a ste G c d. conditions of Pe Hea	DUE TO (COORDINATE OF THE POLICE OF THE POLI	OR AS A CONSIDERAT AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSID	eouence of): resulting in Hyper i.ac Ar	tensic rythm 26. PO THER: Nursing Hon	on, Sei	ZUTE 1 YES	RMED?	1	Onset and Death WERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant Congestiv Disorder 25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 2 40 27. MANNER OF DEATH 1 Netural 5 PR	a ste G c d. conditions of Pe Hea	DUE TO (CO DUE TO (CO	OR AS A CONSIDERATION AS A CONSIDER AS A CONSIDERATION AS A CONSIDERA	resulting in Hyper Lac Ar	26. POTHER: Nursing Hon OF 28c. IN. W 1	On, Sei	PERFO ZUT C 1 YES heck only one) 6 Other (Specify) 28d. OE\$CRIBE HOW	RMED?	CURED	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Congestiv Disorder 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 PR 2 Accident Imm 3 Suicide 6 Cc	a. a. b. ste G c. d. Te Hea Meoical	DUE TO (CODE	OR AS A CONSIDERATION AS A CONSIDER AS A CONSIDERATION AS A C	resulting in Hyper Lac Ar	26. POTHER: Nursing Hon OF 28c. IN. W 1	On, Sei	PERFO 1 VES neck only one) 6 Other (Specify)	RMED? NO INJURY OC	CURED	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Congestiv Disorder 25. WAS CASE REFERRED TO EXAMINERY 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 Per Cause of Cause Cause Cause of Cause of	a a b ste c d c To Hea d MEDICAL P 1 MEDICAL P 1 Medical P 1 Medical P 1 Medical P 1 Medical P 1 Medical P 1 Medical P 1	DUE TO (CO DUE TO (CO	OR AS A CONSIDERATION AS A CONSIDER AS A CONSIDERATION AS A CONSIDERA	resulting in Hyper Lac Ar	26. PI OTHER: Nursing Hon OFF AN N N N N N N N N N N N N	On, Sei	PERFO ZUT C 1 YES 1 YES 1 VES 1 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, Steh	RMED? NO INJURY OC and Number	CCURED or or Rural Ro	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant Congestiv Disorder 25. WAS CASE REFERRED TO EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per Condition im Suicide 6 Cause of Condition in Cond	a a b ste G d c d pending westigation ould not be stermined	DUE TO (CO DUE TO (CO	or as a consider	resulting in Hyper Lac Ar	26. Pl DTHER: Nursing Hon NY M 1 net, factory, office at the time, date	Dn, Sei	PERFO ZUI' C 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stell	INJURY OC	CURED or Rural Ro	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant Congestiv Disorder 25. WAS CASE REFERRED TO EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per Condition im Suicide 6 Cause of Condition in Cond	a a b ste G d c d pending westigation ould not be stermined	DUE TO (CO DUE TO (CO	or as a consider	resulting in Hyper Lac Ar	26. Pl DTHER: Nursing Hon NY M 1 net, factory, office at the time, date	Dn, Sei	PERFO ZUT C 1 YES 1 YES 1 VES 1 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, Steh	INJURY OC	CURED or Rural Ro	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYINC CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant Congestiv Disorder 25. WAS CASE REFERRED TO EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per Condition im Suicide 6 Cause of Condition in Cond	a. a. b. ste G c. d. Te Hea The Medical Medical	DUE TO (C) DUE TO	OR AS A CONSIDERATION AS A CONSIDERATION A	resulting in Hyper Lac Ar	26. Pl DTHER: Nursing Hon NY M 1 net, factory, office at the time, date	Dn, Sei	PERFO ZUIT C 1 YES 1 YES 1 YES 1 YES 1 YES 1 Other (Specify) 28d. OEŞCRIBE HOW 28f. LOCATION (Street City or Town, Stell	INJURY OC snd Numbe) enner as sta	cor Rural Ro	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant Congestiv Disorder 25. WAS CASE REFERRED TO 1 EXAMINER? 1 YES 2 0 0 0 0 0 0 0 0 0	a. a. b. ste G c. d. TOE Hea TOE Hea TOE MEDICAL Interpretation pulding evestigation pulding the prison be distributed. EVING PHYSICIA AL EXAMINER:	DUE TO (CO DUE TO (CO	OR AS A CONSIDERATION AS A CONSIDERATION AS A CONS	resulting in Hyper Lac Ar 3 DOA 4 28b. Time 6 INJUE	26. Pl DTHER: Nursing Hon DF NY M 1 eet, factory, office at the time, date in my opinion, of	Dn, Sei	PERFO ZUIT C 1 YES 1 YES 1 YES 1 YES 1 YES 1 Other (Specify) 28d. OEŞCRIBE HOW 28f. LOCATION (Street City or Town, Stell	INJURY OC snd Numbe) enner as sta	cor Rural Ro	Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? UNITY YES 2 NO Unter Number,

NOV 2 0 1990

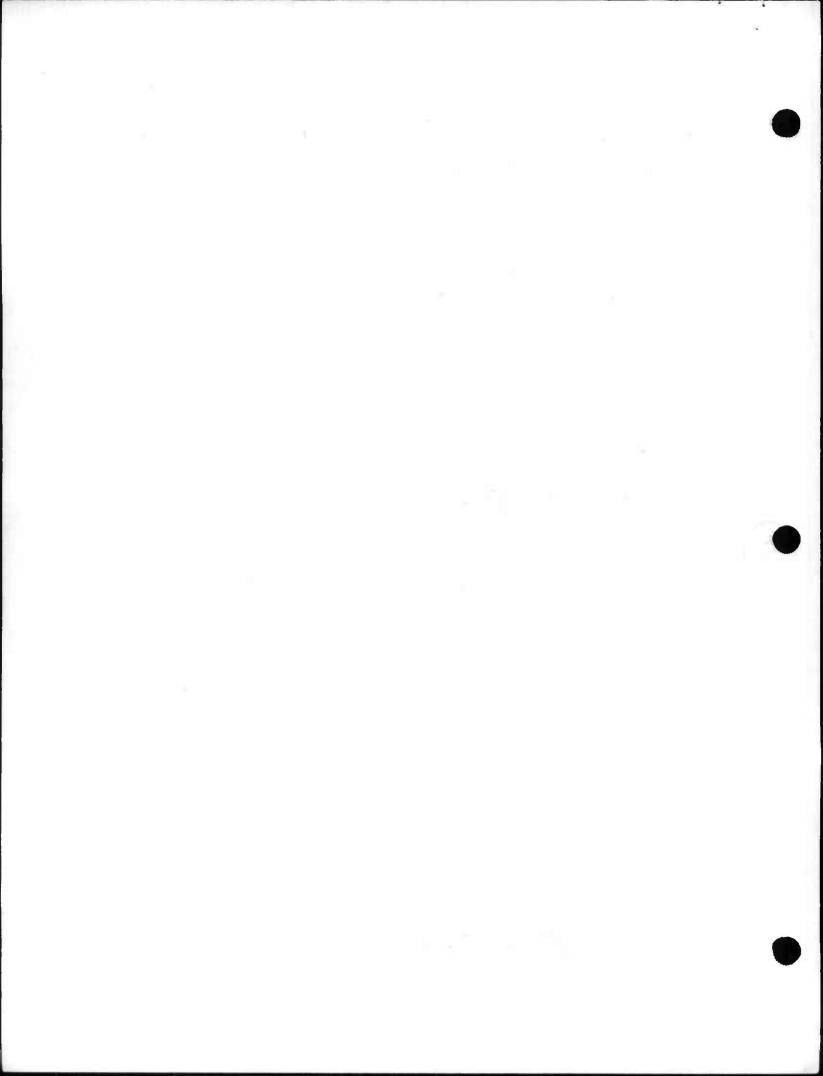
32. REGISTRAR'S SIGNATURE



Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 1314

	REGISTRAR	CHADI	OTTE M ED			REG. N		1
	1. DECEOENT'S NAME (First Middle I ast)	CHarlotte	OTTE M. FR	OEHLIC CAH	licH	2. DATE OF DEATH	DAY — 9	3. TIME OF DEATH
ì	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 MRS.	7. DATE OF BIRTH (Month, Day Year)		S. BIRTHPLACE (State or Fore Country)
	219228274	1 🗆 M 2 📉	65 YAS.	NTHS DAYS	HOURS MIN.	AUGUST 23	,1925	MARYLAND
	9e. FACILITY NAME (If not institution, give	1 12	9b	CITY, TOWN	OR LOCATION OF DE	ATH	9c, COUNT	Y OF DEATH
2	RESIDENCE OF DECEDENT	eneral Ho	50.	Colu	mbia		1 /7	OWURG
	MARYLAND 10b. COUNT			OLUMBI				10d. INSIDE CITY LIMITS? 1 YES 2 X N
. 11	10e. STREET AND NUMBER		WARD C		f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNEHAL		EAM DRIVE			21044			.S.A.
10	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No— 1	4. RACE — American Indian Black, White, stc. Specify: WHITE
3	15. DECEDENT'S ED (Specify only highest grad		18a. DECEDENT'S USU	JAL OCCUPATION TO	ON ost of working	16b. KIND OF I	BUSINESS/INDU	
	Elementary/Secondary (0-12)	College (1-4 or 6+)	HOME MA	tired.)		OFT	HOME	
COMPLE	17. FATHER'S NAME (First, Middle, Lest)	3	HOHE HA	KEK	16. MOTHER'S NA	ME (First, Middle, Maid		
ш	W. LEROY WOELPI	ER				AUGUSTA	HELBI	NG
TO B	19s. INFORMANT'S NAME (Type/Print)		12 2 3 300 13 2 4 1 - 12 1 - 1			Route Number, City or	Town, State, Zip (Code)
	S. CHARLES FROEL	HLICH (HUSBAN	ND) 10087-4	WIND	STREAM D	RIVE COL	IIMBTA I	MD. 21044 Ity or Town, State
	1 Burisi 2 Cremation 3 Red 4 Donation 6 Other (Specify)	movel from State	METRO CREM	ATORY	rresery, cremetory of		ALTIMO	
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	0		NO ADDRESS OF FA		T. A. T. T. T. C. M.	
	Kusseen	With	E					OF CATONSVILL RYLAND 21228
NOI	Sequentially list conditions,	b	A CONSEQUENCE OF): A CONSEQUENCE OF):	care	lromy	My		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. OUE TO (OR AS	A CONSEQUENCE OF):	cust	caree	ndnare	Ren	ruming.
	PART II. Other algorificent condition	ona contributing to death	but not resulting in t	the underlyin	ig cause given in	Part I. 24a. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIN AWAILABLE PRIOR Y
MEDICAL		Sepry.				1	2 🧮 NO	COMPLETION DF COOP DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.0	LACE OF DEATH (CA	and and anal		
SICI	EXAMINER? 1 YES 2 DO	HOSPITAL:		THER:		6 Other (Specify)		
BY PHY	27. MANNER O CEATH 1 Heturn 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Morith, Day, Year,		Y W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	URED
	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJUI building, etc. (%)	RY — At home, farm, stre pecify)	et, factory, offi	ce	261, LOCATION (Sin City or Town, St		or Rural Route Number,
COMPLET	const. Only	SICIAN: To the best of my known NER: On the bests of examinet						
BEC	29b. SIGNATURE AND TITLE OF CERTIF	IER PLUL	my.		29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type Pr	int)	0280	14		1.11-90
	IMTIA2 H	(How)	RIS					
	31. DATE FILED (Month, Day Year)	32. MOSHITHAR'S SH	Manda 90					 , - <u>-</u> _,-
	140 4 % () 199U	Julia manufaccon-	Judane					

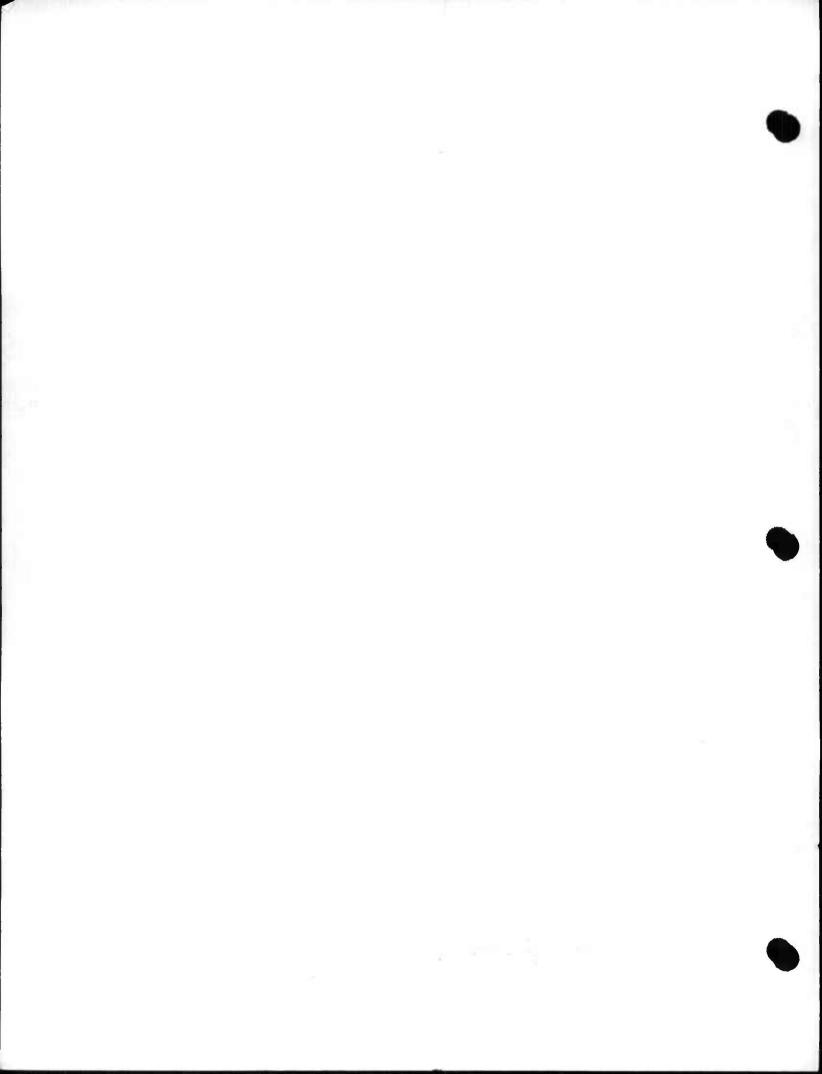


hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should ned by the hospital or attending physician. MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-murs after death. Per or many include by the attending physician and completely filled in by the funeral of the party and the detache to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	
BY FUNERAL DIRECTOR	
COMPLETED	
TO BE C	
ATION	

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND I		YGIENE EG. NO.		
}	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH ANT	TAKE VERALE				2. DATE OF D		YEAR	3. TIME OF DEATH
ļ			RRELL In yrs. last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF B	IRTH	90 A BIRTHE	LACE (State or Foreign
	220-07-4219	1 🖄 M 2 🗆 F	67 YRS .	MONTHS DAY	YS HOURS MIN.	(Month, Day	1923	Country	Md
H	St Agnes Hospita	et and number)			vn on Location of Di timore	EATH	9c. C0	OUNTY OF DE	ATH
5	RESIDENCE OF DECEDENT								
DIRECTOR	Md 10e. STATE 10b. COUNTY			r, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER		[Dd I	timore	101, ZIP COOE		10g. C		HAT COUNTRY?
ER/	1 N. Culver St	reet			21229			USA	4
BY FUNERAL		12. WAS DECEDENT VEVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPAI , specify Cuben, Maxica YES 2 NO Specif	an, Puerto Ricen		14. RACE Black, Specify	- American Indian, White, atc. Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	vork done during	PATION g most of working	18b. KIN	D OF BUSINESS/	INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Anthony Farre	11				e Bish	ор		
2	Martha Farrell		196. MAILING	Culve	oot and Number or Aural of Street B	Baltimo	re, Md	Zip (2000) 21229	
	20a. METHOD OF DISPOSITION 1 🖸 Burlel 2 🗆 Cremetion	ml from State	other place)		f cemetery, crematory or		20c. LOCATION		
- 1	4 Donation 5 Dother (Specify)		Garrison			NCH ITY	Owing	s Mill	s.Md
	· Stant	3. Carl		4:	e and adoress of the arch F/H W 300 Wabas	lest h Aven	ue		
	23. PART I. Enter the diseases, or co ahock, or haert felfure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on e		brille	mode of dying, suc	ch as cerdisc	or reapiratory	arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
AL C	PART ii. Other significant conditions	contributing to death b	out not resulting	in tha under	lying cause given in	Part I. 24	. WAS AN AUTOP	SY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICA	Hypertein	wu ·				1	YES 2 NO		AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			- 2	6. PLACE OF DEATH (C)	heck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER: 4 Nursing	Home 5 - Residence	8 Other (Sp	pecify)		
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	: INJURY AT WORK?	28d. OEŞCRI	BE HOW INJURY	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	f — At home, farm, city)	atreet, factory,	offica		ON (Street and Num own, State)	nber or Rural R	oute Number,
COMPLETED	(Crieck Grilly	EIAN: To the best of my known: On the bests of examination) and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	· p			29c. LICENSE NU		29d.	DATE SIGNED	(Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF OI	Λ	11.		900 (a	tou Aio	R	elt zing
	31. DATE FILED (Month, Day, Year) NOV 2 0 1990	3. REGISTRAR'S SIGN		10/0	Partition	100 (0	NOW THE		mi ciriq
- 1	1101 6 11 1550	O White Hall (MOS)	The second secon				-		OHMH-18 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within the recent of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Helen	J.	FABIS	SZAK		2. DATE OF DEATH NOVEMBER I			
	4. SOCIAL SECURITY NUMBER 213-52-4857	1 🗆 M 2 📉 F		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-26-189	7	RTHPLACE (State or Foreign purity) Balto. Md.	
TOR	90. FACILITY NAME (If not institution, give a FRanklin Square		,	ATH	Baltimore County				
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 6600 Ridge Road			101. ZIP CODE 21237			U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO If Yes, apocity Cuban, Maxica I ☐ YES 2 ☑NO Specific Cuban, Maxica I ☐ YES 2 ☑NO Specific Cuban, Maxica I ☐ YES 2 ☑NO Specific Cuban, Maxica I ☐ YES 2 ☑NO Specific Cuban, Maxica I ☐ YES 2 ☑NO Specific Cuban, Maxica II ☐ YES 2 ☑NO Specific			n, Puarto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 4th Grade	thest grade completed) (Give kind of work done during most of working						iy	
BE COM	17. FATHER'S NAME (First, Middle, Lest) John Przyby:	lski	-1		18. MOTHER'S NA Michae	ME (First, Middle, Maiden elena		rski	
TO B	19a. INFORMANT'S NAME (Type/Print) Lawrence B. Phill		430	4 Berge	AVenue	Route Number, City or Tow Baltimore	,Md21	.206	
	20s. METHOD OF DISPOSITION 14 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LE	noval from State	20b. PLACE OF DISPOSE other place) Holy Ro	sary CE			Baltin	or Town, State nore, Md.	
	* Kathlun	M. huy	phy	John	C. Mille:	r, Inc. B	alto. N		
CERTIFICATION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):	n/ a	2 Seus C			
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26. PLACE OF OEATH (Check only one) OTHER: 1 Number of Death 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. INJURY AT WORK? 281. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 26. PLACE OF OEATH (Check only one) 262. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. INJURY AT WORK?					24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF OEATH (C)	eck only one)			
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 FR/0 28e. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME	OF 28c. IN.	URY AT ORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	E0	
TED BY	2 Accident trivestigation 3 Suicide 6 Could not be 4 Homicide detarmined	trivestigation 28e. PLACE OF tNJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						tural Route Number,	
COMPLETED	cool	SICIAN: To the best of my k						use(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	7 Am	-		29c, LICENSE NU D- / 7	992)	SNED (Month, Day, Year)	
ĭ	30. NAME AND ADDRESS OF PERSON W	_	DEATH (ITEM 27) (Type,	Print) Tayl	or Ave	me To	uson	md 21204.	
	31. DATE FILED (Month, Day, Year) N/11V 2. 0. 1990	32. REGISTRAR'S S	SIGNATURE						

1-M. TUN (m.y.

BALTIMORE, MARYLAND 21203-3146

ON OF VITAL RECORDS, P.O. BOX 13146,

ITEMS:23 thru 28f per ME G-670 12/3/90 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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			CATE OF DE		REG. NO.		
1. DECEDENT'S NAME (First, Middle, L	2.05	lter FC		- 1	2. DATE OF DEATH	Y YEA	
4. SOCIAL SECURITY NUMBER	OCTUIA	GE (In yrs. last birthday)	ngheiser	DER 24 HRS.	11-14-90 7. DATE OF BIRTH		IRTHPLACE (State or Foreign
	1 🔀 M 2 🗆 F		ONTHE DAYS HOUR		03 03 51	*. č.	Ohio
9e. FACILITY NAME (If not institution, g	100000000000000000000000000000000000000		96. CITY, TOWN OR LOCA	ATION OF DEAT	тн	9c. COUNTY C	OF DEATH
5628 Belair R			Baltimor	e City			
10a. STATE 10b. CO	UNTY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
7 000	Adams		Biglervill	e			1 YES 2 NO
100. STREET AND NUMBER 293 Heckenlub	per Road		10f. ZIP C	ODE			S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR SET YES, GIVE WAR OF	ES 2 NO		ban, Mexican,	ORIGIN? (Specify Yea Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
15. OECEOENT'S (Specify only highest of		18a. DECEDENT'S U	SUAL OCCUPATION	nrkina	16b. KIND OF BUS	INESS/INDUSTF	TY .
Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during most of wo retired.) Ce Manager		Distri	buter	
17. FATHER'S NAME (First, Middle, Last Walter Fong			18. M		E (First, Middle, Maiden : Jo Gray	Surname)	
19a. INFORMANT'S NAME (Type/Print) Mary Jo Fonghe	eiser	3906 A	Link Ave. I	Balto.,	Md. 21235	n, State, Zip Code)
20s. METHOD OF DISPOSITION Burlel 2 Cremetion 3 C 4 Donetion 8 Other (Specify)	Removal from State	20b. PLACE OF DISPOSI other place)	TION (Name of cometery, or come		20c. LOC	extion—city	e, Ma.
21. SIGNATURE OF FUNERAL SERVICE	D. Jule	2	Charles	S. Ze	iler & Son	Inc.	6224 Eastern Ave.
IMMEDIATE CAUSE (Finel disease or condition							Onest and Des
resulting in death)	8	E AND COCA AS A CONSEQUENCE OF		CATION			Onset and Dea
resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR A		:	CATION			Onset and Dea
resulting in dasth) Sequentially list conditions,	b. DUE TO (OR A	AS A CONSEQUENCE OF	:	CATION			Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR A c. OUE TO (OR A d.	AS A CONSEQUENCE OF	:		Part I. 24a. WAS AN PERFOR XX YES 2	MED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A c. OUE TO (OR A d. Sittone contributing to deat	AS A CONSEQUENCE OF	:		PERFOR	MED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant conductions of the conduction of the conducti	b. DUE TO (OR A c. OUE TO (OR A d. Sittone contributing to deat HOSPITAL:	AS A CONSEQUENCE OF	: : n the underlying ceue		PERFOR	MED?	24b. WERE AUTOPSY FINDING AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificant conductions of the conduction of the conducti	b. DUE TO (OR A c. OUE TO (OR A d. Sittlone contributing to deat AL HOSPITAL: 1 Inpetient 2 ERA	AS A CONSEQUENCE OF	26. PLACE OOTHER:	e givan in P F OEATH (Chec	PERFOR XX YES 2 Sk only one) G Other (Specify)	MED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant conductions of the conduction of the conducti	b. DUE TO (OR A c. OUE TO (OR A d. Sittone contributing to deat HOSPITAL: 1 Inpatient 2 ERA 28a. DATE OF INJU (Month, Day, Wh)	AS A CONSEQUENCE OF	28. PLACE O OTHER: 4 Nursing Home \$4. OF 26. INJURY 2	e givan in P F OEATH (Chec	PERFOR K YES 2 Ok only one) Other (Specify) 28d. DESCRIBE HOW II	MED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? XXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO (OR A c. OUE TO (OR A d. d. Sitione contributing to deat AL HOSPITAL: 1 Inpetient 2 ER/ 28e, DATE OF INJU Month, Dey, be UNKNOWN 25e, PLACE OF INJU building, etc. (6)	AS A CONSEQUENCE OF AS A CONS	28. PLACE O OTHER: OF WORK? AND WORK? 1 YES	F OEATH (Chec	PERFOR XX YES 2 Other (Specify) 28d. DESCRIBE HOW II SUBJ. LOCATION (Street of City or Town, State)	NJURY OCCURE	24b. WERE AUTOPSY FINDING AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO DRUGS Ural Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? XXX S 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat Sucide 4 Homicide 5 CERTIFIER (Check only 1 CERTIFYING F (Check only 1) CERTIFYING F (Check only 1) CERTIFYING F	b. DUE TO (OR A c. OUE TO (OR A d. Sittone contributing to deat AL HOSPITAL: 1 Inpatient 2 ERA (Month, Dey, No. 1) 26e. PLACE OF INJU building, etc. (1)	AS A CONSEQUENCE OF AS A CONS	26. PLACE O OTHER: 4 Nursing Home & OFY OFY 25. INJURY A WORK? 1 YES reet, factory, office	F OEATH (Chec	PERFOR XM YES 2 Ok only one) Color (Specify) 28d. DESCRIBE HOW II SUBJECT IN 281. LOCATION (Street of City or Town, State) 5628 BELL othe cause(a) and mar	NJURY OCCURE NGESTED and Number or R AIR ROA	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO DRUGS ural Route Number,
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? XES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 3 Suicide 4 Homicide 5 Could not determine (Check only) 1 CERTIFFIER (Check only) 1 CERTIFFIER (Check only) 1	b. DUE TO (OR A c. OUE TO (OR A d. Sitione contributing to deat AL HOSPITAL: 1 Inpatient 2 ERV (Month, Day, Ye) UNKNOWN 26e. PLACE OF INJU building, etc. (HOUSE) PHYSICIAN: To the best of my k AMINER: On the best of exemin	AS A CONSEQUENCE OF AS A CONS	26. PLACE O OTHER: 4 Nursing Home & C OF 25c. INJURY A' WORK? 1 YES reet, factory, office d at the time, date and pl i, in my opinion, death or	F OEATH (Chec	PERFOR XX YES 2 Other (Specify) 28d. DESCRIBE HOW II SUBJECT IN 28t. LOCATION (Street of City or Town, Stete) 5 6 2 8 BEL/ o the cause(a) and mar	NJURY OCCURE NGESTED and Number or R AIR ROA	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO DRUGS ural Route Number,
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICE EXAMINER? XXXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigat 1 CERTIFIER (Check only one) 29e. CERTIFIER 1 CERTIFYING F (Check only one) XXXIII. MEDICAL EXAMINERAL EXAMINERS AND TITLE OF CERTIFIER (Check only one)	b. DUE TO (OR A c. OUE TO (OR A d. Sittone contributing to deat AL HOSPITAL: 1 Inperient 2 ERA thorn, Day, No. Unknown, Day, No. U	AS A CONSEQUENCE OF AS A C	26. PLACE O OTHER: 4 Nursing Home &C OF 25c. INJURY A' WORK? 1 YES reet, factory, office d at the time, date and pl 1, in my opinion, death or	FOEATH (Chec	PERFOR XM YES 2 Other (Specify) 28d. DESCRIBE HOW if SUBJECT IN 28t. LOCATION (Street of City or Town, State) 5628 BELL o the cause(a) and marime, date and place, an	NJURY OCCURE NGESTED and Number or R AIR ROA	24b. WERE AUTOPSY FINDING AWALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO DRUGS ural Route Number, D use(a) end manner as stated.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICE EXAMINER? XXXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investiges 3 Suicide 4 Homicide 6 Could no determine 10 CERTIFIER (Check only one) MEDICAL EXAMINED 1 CERTIFIER 1 CERTIFING F (Check only one) MEDICAL EXAMINED 1	b. DUE TO (OR A c. OUE TO (OR A d. OUE TO (OR A d. OUE TO (OR A d. OUE TO (OR A d. OUE TO (OR A d. OUE TO (OR A d. OUE TO (OR A d. OUE TO (OR A d. OUE TO (OR A AL HOSPITAL: 1 Inpetient 2 ER/ (Month, Play, be UNKNOWN 26e. PLACE OF INJ building, etc. (HOUSE OF	AS A CONSEQUENCE OF AS A C	26. PLACE O OTHER: 4 Nursing Home &C OF 25c. INJURY A' WORK? 1 YES reet, factory, office d at the time, date and pl 1, in my opinion, death or	F OEATH (Check Residence 8 P. 2 NO P. NO P	PERFOR XM YES 2 Other (Specify) 28d. DESCRIBE HOW II SUBJECTION (Street City or Town, Stelle) 5 6 2 8 BELL o the cause(a) and mar ime, date and place, an	NJURY OCCURE NGESTED and Number or R AIR ROA timer ea stated. d due to the ce	COMPLETION OF CAUSE OF DEATH? XX YES 2 NO DRUGS DRUGS Lural Route Number, D ANED (Month, Day, Year)

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BALTIMORE, MARYLAND 21203-3146

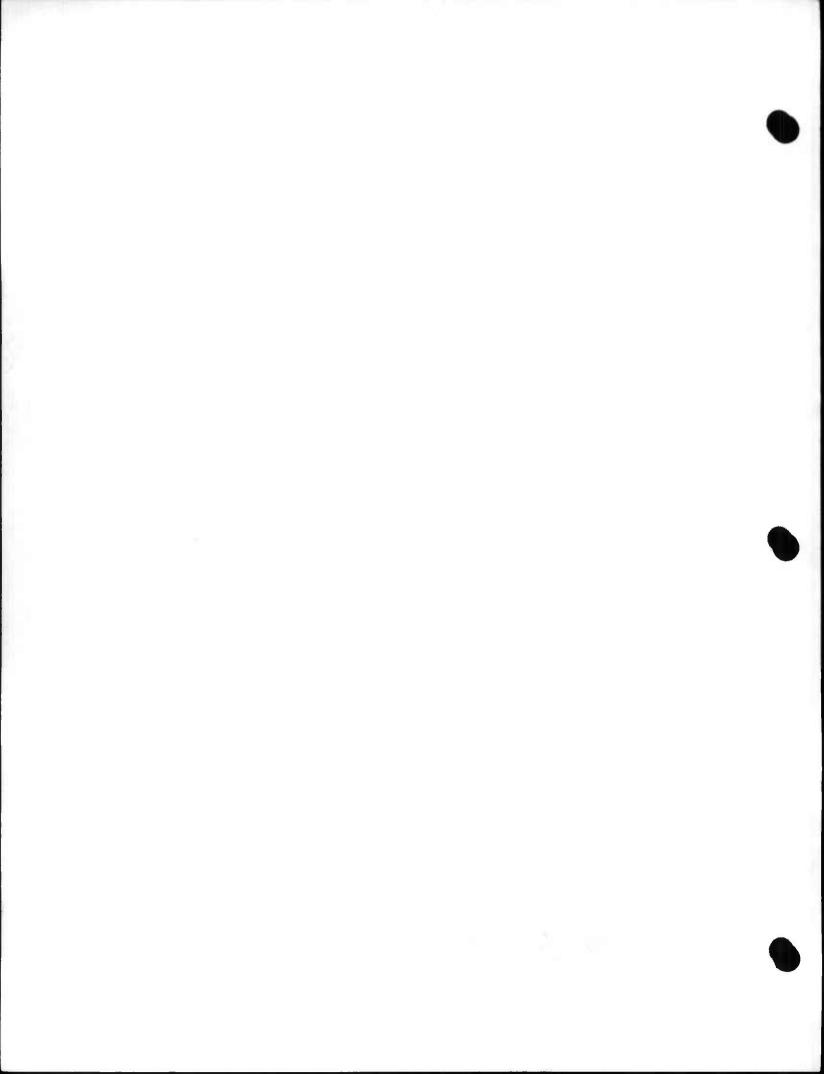
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month of the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI CERTIFICA			MENTAL HYGIEI		01030
	1. DECEDENT'S NAME (First, Middle, Last) LENA FOWLKES					2. DATE OF DEATH NOVEMBER	18, 19	3. TIME OF DEATH 990 7:00 a.mm
	4. SOCIAL SECURITY NUMBER 213-20-6478	1□M2⊠F 75	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-08-	1915	BIRTHPLACE (State or Foreign Country) VA.
TOR	9a. FACILITY NAME (If not institution, give start THE JOHNS HOPKINS) RESIDENCE OF DECEDENT				RE CITY	ATH	BALTI	IMORE CITY
DIRECTOR	10e. STATE 10b. COUNTY			WN OR LOCAT	on E, CITY	, ì		10d. INSIDE CITY LIMITS? 1 / YES 2 NO
FUNERAL	2416 BARCLAY	STREET		101.	2121	. 8	10g. CITIZEN	OF WHAT COUNTRY?
B	11 MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 \ \ NO	Il yes, spe		IC ORIGIN? (Specify Y n, Puerto Rican, etc.) :	on or No— 14.	. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti DISABL	fone during mos red.)		16b. KIND OF B	JSINESS/INDUS	TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) AGIE FOWLKES					ME (First, Middle, Melde	n Sumeme)	
TO B	19a. INFORMANT'S NAME (Type/Print)					Noute Number, City or To		
	20e. METHOD OF DISPOSITION	NINGS 20b.	PLACE OF DISPOSITIO			BALTIMOR 20c. 1		y or Town, State
	1 💢 Burial 2 🗆 Offmation 3 🗆 Ramo 4 🗆 Donetion 🦸 🗀 Other (Specify)	1 1	TAMT'LY	PLOT			REWE,	VA.
	21. SIGNATURE OF FUNERAL SERVICE LIC	L. STAX	1000	WM.C		F.H. 1		. NORTH AVE.
	IMMEDIATE CAUSE (Final	a. <u>Uro Sepsis</u>	ch ilne.	nter the mo	de of dying, suci	h as cardiac or ras	piratory srrest	t, Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A C		accid.	ent			5 yrs.
MEDICAL C	Mutiinfarcted de Decubitus ul		t not reaulting in th	e underlying	csuse given in		N AUTOPSY DRMED? 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	Aspiration pro-	eumonia	-	26 DI	ACE OF DEATH (Ch	ack only one)		<u> </u>
PHYSICIAN:	EXAMINER?	HOSPITAL:		HER:	- 1-	6 Other (Specify)		
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		URY AT RK?	28d. DESCRIBE HOV	INJURY OCCUP	RED
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specil			YES 2 NO	261. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLETE	290. CERTIFIER Check only	ICIAN: To the best of my knowle						
8	296. SIGNATURE AND TITLE OF CERTIFIER		1-Town	40	29c. LICENSE NUI			BIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF BEA	1 1	ns He	ptine	Hospita	1	
	NOV 2 0 1990	Julia Davidson-1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1-1011		



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	F	4	W	ž
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Aurs after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the appropriate and completely filled in by the funeral dir	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or jother thaumatic event, the medical examiner
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1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATI		MENTAL HYGIEN REG. NO	- 41	31691
DECEDENT'S NAME (First, Middle, Last SOCIAL SECURITY NUMBER	Francis Hen	ry Greif n yrs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 7. DATE OF BIRTH	90	3. TIME OF DEATH 12:43 A. ITHPLACE (State or Foreign
216-12-3447	1 3 M 2 □ F	7 YRS. MONTHS	DAYS HOURE MIN.	06 06 2		Md.
			ltimore Cit		SC. COUNTY OF	DEATH
304 Gusryan Str RESIDENCE OF BECEDENT 100. STATE 100. COUN	тү	10c. CITY, TOWN	imore (ity			10d. INSIDE CITY LIMITS? 1 DEYES 2 NO
10e. STREET AND NUMBER 304 Gusryan Stree 11. MARITAL STATUS 1 Never Married 2 & Married	et		101. ZIP CODE 21224	-	10g. CITIZEN O	S.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAS OR DA	2 NO	WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YES 2 NO Specify Cuben	cen, Puerto Ricen, etc.)	BI	ACE — American Indien, ack, White, atc.
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 6+)	18a. DECEDENT'S USUAL Of (Give kind of work done life, Do NOT use retired.) Butcher	during most of working	Esska	siness/industry Meat (
De .	rnard Greif		18. MOTHER'S N	IAME (First, Middle, Melden Estella G	Sumame)	
190. INFORMANT'S NAME (Type/Print) Mildred M. Grei	1	304 Guan	s (Street end Number or Plur yan St. Bal	to., Md. 21	m, State, Zip Code) 224	
20a, METHOD CO DISPOSITION 1 Juriel 2 Cremation 3 Re 4 i J Donation 5 Other (Specify)	moval from State	PLACE OF DISPOSITION (No other place)	eme of cometery, cremetory of Mount (remains		Balto.	
21. SIGNATURE OF FUNERAL SERVICE	D. Jule	~	harles S. Z	FACILITY Seiler & Soi	Inc.	224 astern Ave.
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	Canema			Onset and De
PART II. Other significent conditi	ons contributing to death b	ut not resulting in the u	nderlying cause given	in Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH	HOSPITAL:	OTHE	26. PLACE OF DEATH (R: rsing Home 5 Residence			
27. MANNER OF DEATH 1 Filetural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
	26e, PLACE OF INJURY	— At home, farm, street, fac	ctory, office	261. LOCATION (Street City or Town, State		rel Route Number,
CONSON DINY	SICIAN: To the best of my know NER: On the basic of examination					se(e) and manner as stated
296. SIONATURE AND TITLE OF BERTIN	NER		29c. LICENSE N		29d. DATE SIO	NED (Month, Day, Year)
Simon V. Scali 31. DATE FILED (Month, Day, Year)	a 2900 E. Bal	timore St. L	Balto., Md. 2	21224		
NOV 2 0 1990	Julia Davidson	Pandalle				

tion who tides 2 774-1-10 55 700 (0) alline its M. wowen Derest No. Street .3 Art Vesteron Street 2 . 1. 2 ing the land quillage. 7 - - 3. 121 3. We were to late, to 72 lier - . . nen li 1 % Jundes I. Dieler d. som Suc. 12 Store

the second of market the first time was

ITEM: 7 per FH G-669 11/23/90 cm

31692 90

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) DORIS N	Aomi G	FARDI	VER		2. DATE OF MONTH	DEATH 19	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-26-03Z/	5. SEX 8. AGE (III	111	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		8. BIRTHE Country	PLACE (State or Foreign
9s. FACILITY NAME (If not institution, give s 1231 LINKS 12		96	BALT	OR LOCATION OF D	EATH		TY OF DE	,-
10a. STATE 10b. COUNTY	ALTIMORE	10c. CITY, T	OWN OR LOCA	MOLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
1231 LINKS	DE DR			M. ZIP CODE 2/234	1		SA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	If yes, s	cendent of Hispa pacify Cuban, Mexico S 2 NO Speci	en, Puerto Rici		14. RACE Black, Specify	- American Indian, White, etc.
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S US Give kind of work life. Do NOT use n	t done during m etired.)	ost of working	111112	IND OF BUSINESS/INC		
17. FATHER'S NAME (First, Middle, Last) ROLANDL	Summe		-	16. MOTHER'S NA	ME (First, Mid	dle, Malden Sumame) 7. CAR		S
198. INFORMANT'S NAME (Type/Print) WADE H. GI	RONER	19b. MAILING AD	ODRESS (Street	end Number or Rural	Route Number,	City or Town, State, Zip	(Code)	1234
20a. METHDD OF DISPOSITION 1	oval from Stata	PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF PLACE NAMED IN THE PLACE OF THE PLA	NUNT	CEME	1515/	20c. LOCATION BAUT	0. 1	The state of the s
21. SIGNATURE OF FUNERAL SERVICE LI	Salon		22. NAME / TO /	AND ADDRESS OF FA	EUNE PAVE	PEAR HON	NEBARR	O. HD ZIZEY
23. PART Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on as a. Due to (or AS A	ette B	0 0	ode of dying, suc			rest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other aignificant condition	e contributing to death bu	ut not resulting in t	the underlyi	ng cause given in		4a. WAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)			
1 YES 2 NANO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetiant 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)		Nursing Ho	me 5 A Rasidence		Specify) RIBE HOW INJURY OC	CURED	110
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre	et, factory, off	ice		ION (Street and Number Town, State)	r or Runal A	oute Number,
and and	ICIAN: To the best of my knowless: On the basis of examination							and manner as stated.
296. SIGNATURE AND TITLE OF CENTILE	achet	w		29c. LICENSE NU				(Month, Day, Year)
30. NAME AND ADDRESS OF PERIOD W	15, 5601	toch Rac	on Blu	d. Ball	Erwore	, NUS Z	1239	7
NOV 2 0 1990	Julia Davidson-Ra	ndell.						

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

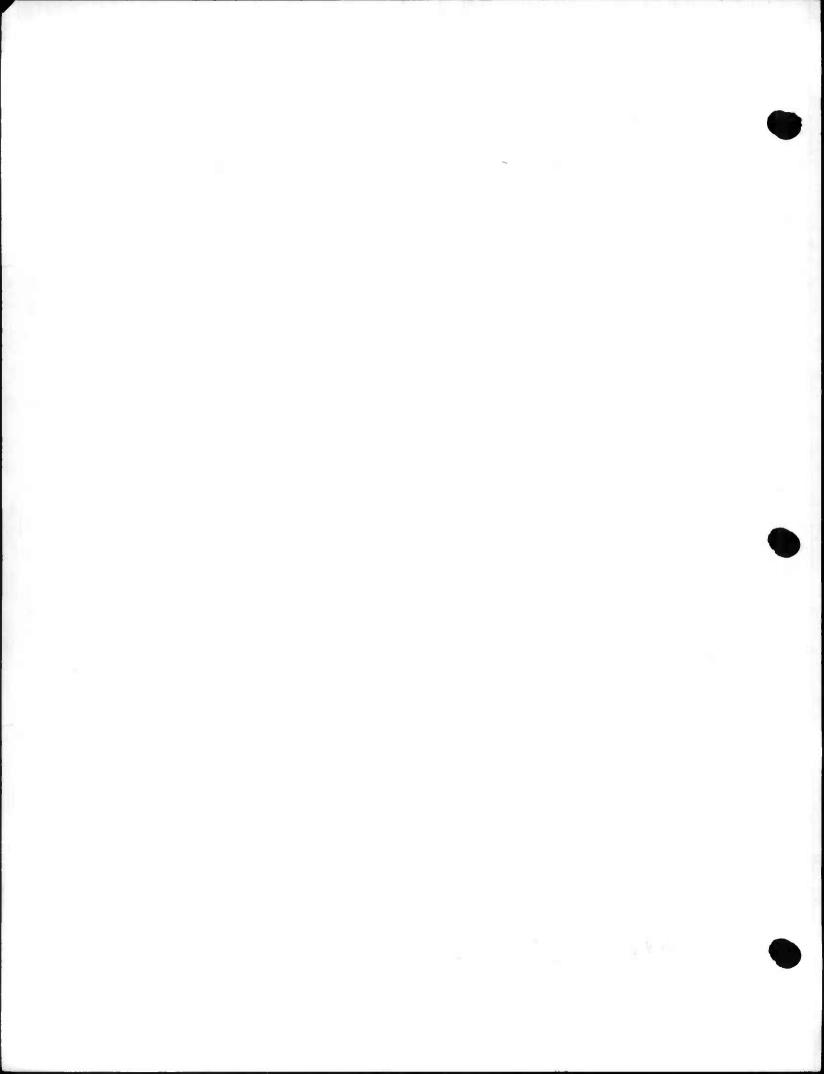
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be training by the hospital or attending physician.

TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

6	1 - STATE OF MARYLAND / DEPARTM REGISTRAR CERTIFIC	IENT OF HEALTH AND M ATE OF DEATH	ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S MILE (First, Middle, Linst) OHN E. GREI	ER, SR.	2. DATE OF DEATH MONTH DAY	-9°	3. TIME OF DEATH 5:09AM		
	MR217-09-8543 NXM 2 = 76 YRS. NO	YTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 3 - 12 - 1	4 Count	Md		
TOR	9a. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSP RESIDENCE OF DECEDENT	BALTO CI	TH - (9c, COUNTY OF D	DEATH		
DIRECTOR		THOMORE,	city		10d. INSIDE CITY LIMITS? 1 PES 2 NO		
FUNERAL	1259 RI+MORE Rd.	101. ZIP CODE 2/23	9	10g. CITIZEN OF	5.A		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC It yes, specify Cuber, Mexican, 1 YES 2 NO Specify:		Pr No — 14. RAC Blac Spec	E — American Indian, k, Whita, etc.		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	done during most of working	166. KIND OF BUSH	NESS/INDUSTRY	horitu		
BE COM	17. FATHER'S NAME (First, Middle, Leas) Chaples A. Greer		E (First, Middle, Maiden Si	urname)	orth		
10 8	190. INFORMANT'S NAME (Type/Print) REV. VALERIA WATKINS 1259	DRESS (Street and Number or Aural Ac KITMORE Rd-	0 11	,	21239		
	1 Density Commercial Control (Section 1)	Mem. PAR	R ARI	Sufus	own, State		
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE	WM.C. MARCH		01 E. N	NORTH AVE.		
	23. PART LEnter the diseases, or complications this equed the desth. Do not shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	enter the mode of dying, such	as cardisc or respire	atory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	tota hy Pardioval	plitars	Likesy	,		
	PART II. Other aignificant conditions contributing to desth but not resulting in	the underlying cause given in E	Part i. 24a. WAS AN A	AUTOPSY 24	b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL			PERFORM 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: / OTHER:						
BY PHYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 27. MANNER OF OEATH Netural 5 Pending Investigation Pending In	Property of the second	28d. DESCRIBE HOW IN	JURY OCCURED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, stree building, stc. (Specify)	et, factory, office	28f. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred to the best of my knowledge, death occurred to the best of examination and/or investigation,				(a) and manner se stated.		
TO BE C	296. SIONATURE AND TITLE OF CERTIFIER Pales My	29c. LICENSE NUM Sput ML	BER		19-90		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (15/20, Pr	Bulti	hed a	1239			
	NOV 2 0 1990 Julia Javidson-Randage				DHMH-18 Rev 1/89		

De Dater will sign deare autfict



1. DECEDENT'S NAME (First Middle Last)

NOV 2 n 1990

1 -

ITEMS: 23pt1, part2, 27 per ME G-670 12/31/90 cm FOR STATE REGISTRAR

90 31694

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

Black

iterval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

11-19-90

MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY? USA

9c. COUNTY OF DEATH

8:08PM M

2. DATE OF DEATH

11-18-90 Gregory Green 7. DATE OF BIRTH (Month, Day, Year) 9/19/1949 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1X M 2 | F 217-50-7184 YRS. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Pages 1. 2, 3 1647 Poplar Grove Street Baltimore City RESIDENCE OF DECEDENT Ma STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION MARYLAND BALTIMORE CITY permit. FUNERAL 10e, STREET AND NUMBER 21229 Poplar Grove Street burial-transit be retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Married BY 3 Widowed 4 Divorced detached for use as the ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) once. 17. FATHER'S NAME (First, Middle, Last) 15. MOTHER'S NAME (First, Middle, Maiden Surneme) 2 notified at Roscoe Green Carri Cobia BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 4903 St. Gemma Rd Roscoe Green Baltimore, Md 21229 9 20a. METHOD OF DISPOSITION
17 Burlal 2 Cremation 3 | 1
4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION -- City or Town, Stats Page 6 may must funeral director, Western Catonsville, MD Star Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral HOme after death. 4600 Liberty Heights Avenue completely filled in by the lal, cremation, or removal. the medical 23. PART In Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each fine. 6 IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) PNEUMONIA executed within other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): physician and compane prior to burial, c CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Disease or injury Hyglene DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST Injury, or Mental signed by the a Health and Men PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL amy ACQUIRED IMMUNE DEFICIENCY SYNDROME XX YES 2 NO shows a t. of h has by Dept. PHYSICIAN: ME 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Hem State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) cortificate YES 2 NO OR ATTENDING PHYSICIAN: 6 the 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED this with marked, 1 Natural 6 Pending Investigation 1 YES 2 NO death BY After 2 Accident 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls 3 Suicide 6 Could not be determined DIRECTOR: Nours after of COMPLETED 4 🔲 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL within 72 i = TO THE HOSPITA TO THE FUNERAL De filed within 72 IMPORTANT: II 3/ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Nonale Quricke OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD WRIGHT, MD 111 Penn Street, Baltimore, MD 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

ulia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

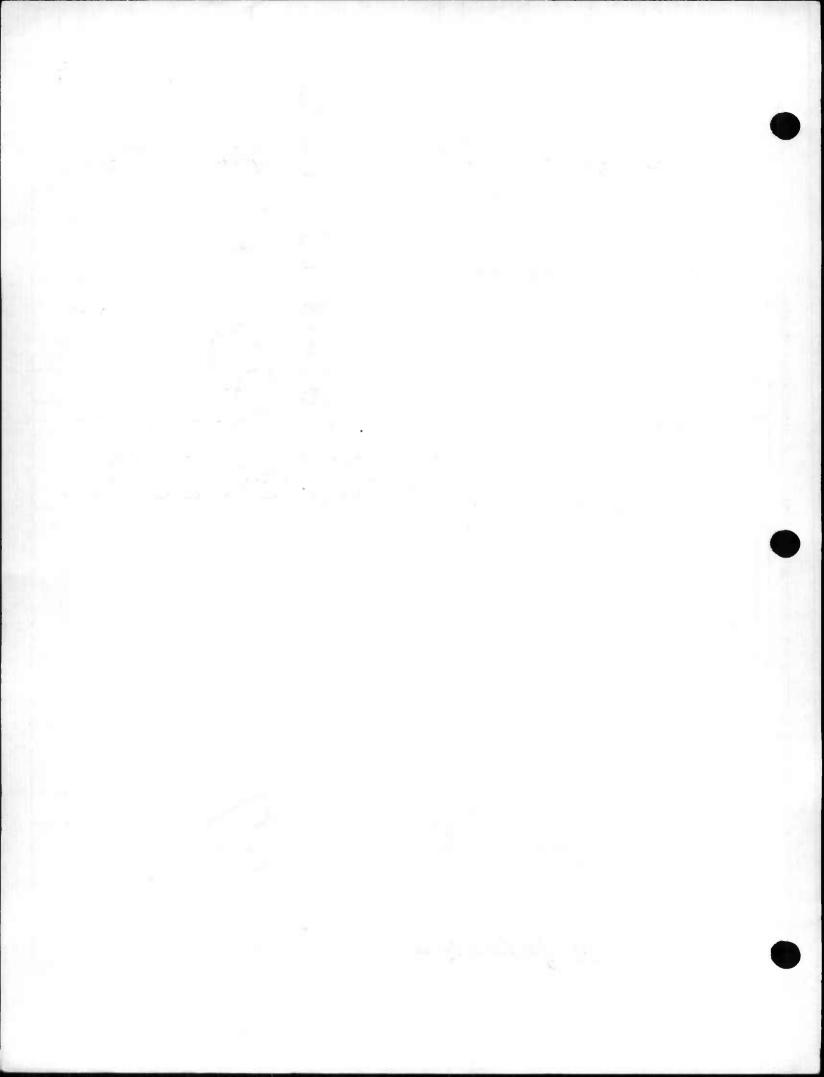
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MARYLAND 21203-3146

BALTIMORE,

DHMH-16 Rev 1/89

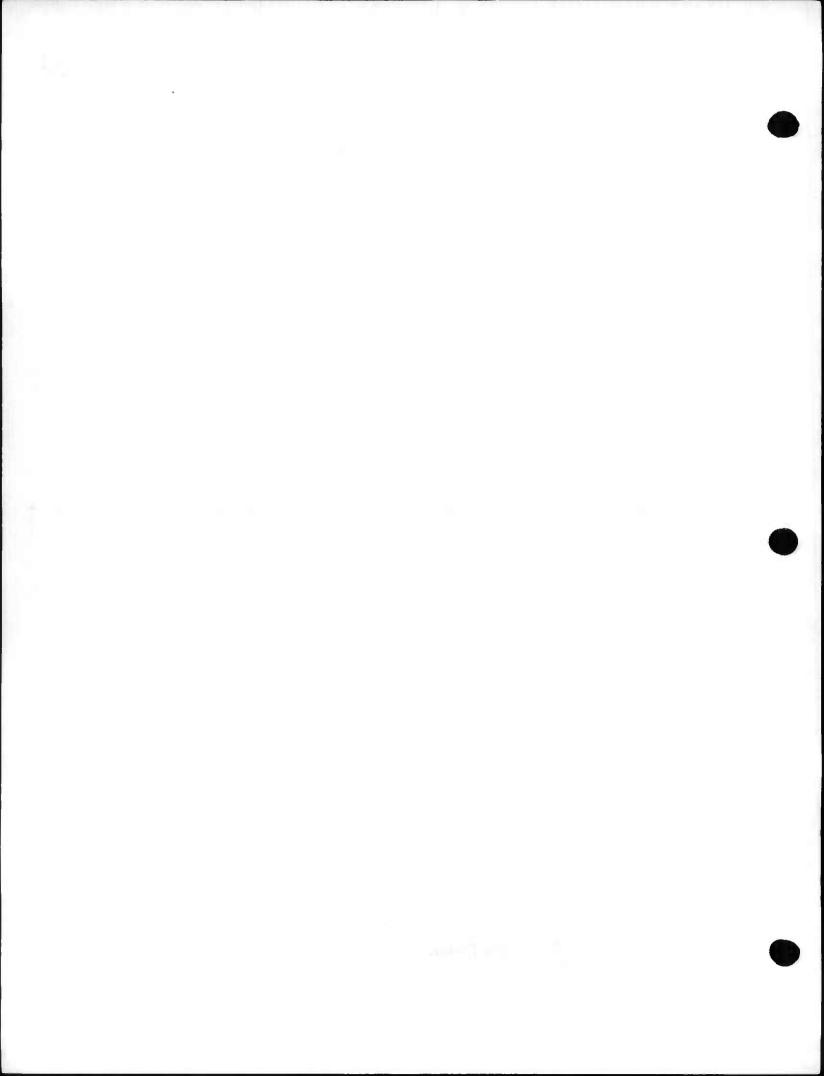
7C



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIE			
,	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
†	Baymond	В.	GREE	TAT.			DAY 2 1990	YEAR	5:50 A M
ļ		8. AGE (I	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			LACE (State or Foreign
	218-03-1198A 1	M 2 F 90	YRS.	9b, CITY, TOWN (HOURS MIH.	9/1/19		44.0	GINIA
DIRECTOR	FRANKLIN SQUARE	HOSPITAL		BALTI	MORE CI	TY	Ral+	imor	2
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAL	ION				10d. INSIDE CITY
E	MARYLAND		В	ATTTMO	RE CITY				LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZ		IAT COUNTRY?
FUNERAL	109 CENTER STRE	EU.			21222			USA	Δ.
5		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Y	ea or No—	14. BACE -	- American Indian, White, etc.
	1 Never Married 2 Married	FORCES? 1 YES		1 TYES	2 NO Specify	n, Puerto Rican, etc.)		Specify	
ВУ	3 Widowed 4 Divorced								BLACK
	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during me		16b. KIND OF B	USINESS/IND	USTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT us	e retired.)		BET	нтене	M S	PEEL
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18 MOTHED'S NA	ME (First, Middle, Maide	a Sumama)		
	WELBY GREEN					RIETTA		1	
8	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street		Route Number, City or R			
유	ISABELLE B. GRE	EN				BALTIM		,	21222
	METHOD OF DISPOSITION Buriel 2 Cremation 3 Remove	al from State	other place)				OCATION —	-	
	Donation 5 □ Other (Specify) SIGNATURE OF FUNERAL SERVICE LICEN		MARYLAN		ONAL CE		AUREL	., M/	ARYLAND
	SI, SIGNATURE OF TONERAL SERVICE LICEN	7 ()	AA			ETT & S	ON FU	JNER	AL HOME
	Klone). Ny	all			Y HEIGH			E
Ì	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	mplications that caused	the death. Do n	ot antar tha mo	da of dying, such	h se cardiec or res	piratory sm	est,	Approximsts Interval Between
	IMMEDIATE CAUSE (Final	V							Onset and Death
	disease or condition resulting in desth) e.	Renal Failure							
		DUE TO (OR AS A	CONSEQUENCE OF	7:					
NO N	Sequentially list conditions, b.	Metabolic DUE TO (OR AS A	Acidosi;	S					-
E	If any, leading to immediate cause. Enter UNDERLYING								
읪	CAUSE (Diseese or injury that initiated events	Pituitary OUE TO (OR AS A	CONSEQUENCE OF						
CERTIFICATION	resulting in death) LAST								
	PART II. Other significent conditions	contributing to death h	ut not requising	in the moderate	l l-	Boot i Lou- uno	AN AUTOPSY	1 046	WERE AUTOPSY FINDINGS
8	PART II. Other significant conditions	contributing to death o	ut not resulting	n the underlyin	g cause given in		ORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
ă				-		1 🗆 YES	2 X NO		OF DEATH?
Z						- 1			1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			00.0	LACE OF DEATH (Ch				
일	EXAMINER?	HOSPITAL:		OTHER:					
¥	1 YES 2 DANO 27. MANNER OF DEATH	R☐ Inpetient 2 ☐ ER/Outp	28b, TIM		JURY AT	8 U Other (Specify) 28d. DESCRIBE HON	V INJIURY OC	CURED	
ā	1 Netural 5 Pending	(Month, Day, Year)	IN.	URY W	ORK? YES 2 NO				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY				28f. LOCATION (Stre		or Runal Ri	oute Number,
	4 Homicide 6 Could not be	building, etc. (Spec	cify)			City or Town, Sta	te)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	ledge, death occurs	ad at the time date	and place, and due	to the causalst and s	senner on stat	ted	
M M	(CHOCK DINY	On the beals of examination							and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
H	MANDE						•		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type	, Print)					
	Michael Suter M		nklin Sc	Drive	Balto	MD 21	237		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			,			
	NOV 2 0 1990 4w	his Davidson-Ron	note bl						



DIVISION OF VITAL RECORDS, P.O. BOA 19146, BALLIMONE, MANIEMIN 21203-3146
TO THE HOSPITAL DR ATTENDING PRYSICIAN: The law requires that the death certificate de executed within 23-thurs after death. Page of relatined by the mospital of attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AND ! DEATH	MENTAL HYGIEN REG. NO		3	1696
	1. DECEDENT'S NAME (First, Middle, Lest) Rither	Α.	(Sibson		2. DATE OF OEATH	Y YE	AR	1:07AM
	4. SOCIAL SECURITY NUMBER 5. 1225-20-3434 14	SEX 6. AGE (In yrs. 74	last birthday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 () / 1 4 / 1	6.		E (State or Foreign
TOR	96. FACILITY NAME (If not Institution, give street Franklin Square Ho	*	96	ESS	R LOCATION OF OE	ATH	Baltin		County
DIRECTOR	10a. STATE 10b. COUNTY	timore	10c. CITY, TO	OWN OR LOCAT	ION	· · · · · · · · · · · · · · · · · · ·	- · · · - · ·	100	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 716 Nollmeyer Ro			101.	21220		U . S		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	R. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WW II	ARMED NO	If yes, spe	ENDENT OF HISPAN belfy Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		Black, Wh	auc.
COMPLETED	Committee of Street, S	npleted) Coffege (1-4 or 5+)	DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo-	N at of working	16b. KIND OF BU	SINESS/INDUST	ГЯУ	
OMP	Unk. 17. FATHER'S NAME (First, Middle, Last)	Unk. L	aborer		16. MOTHER'S NA	Govt. ME (First, Middle, Meiden	Surname)		-
BE C	Jabe Gibson		405 4441 100 40	DDF00 (0)	Bonnie		- Otal 71- O	4.1	
2	Margaret Gibson					Route Number, City or Tow Baltim			21220
	20e_METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donellon 5 Other (Specify)	I from State othe		ON (Name of cen	netery, crematory or	20c. LC	cation — city	or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICENS		Jr.	22. NAME AN	D ADDRESS OF FA		B E. Ba	altim	ore St.
	23. PART i. Enter the diseases, or com- ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		otic car				Iratory arrest	,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):						
MEDICAL	PART II. Other algorificant conditions of	contributing to death but n	ot resulting in 1	tha undariyin	g cause given in	Part I. 24a, WAS AI PERFO	RMED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		<u></u>	
YSIC		OSPITAL: Inpatient 2/XER/Outpatien	R 3 DOA 4	THER:	e 5 🗆 Residence	8 Other (Specify)			
	27. MANNER OF DEATH MEMore Street St	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 26c. INJ Y WC	RK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — A building, etc. (Specify)	at home, farm, stre			28f. LOCATION (Street City or Yown, State		Rural Route	Number,
COMPLET	one)	N: To the best of my knowledge On the bests of examination and							d manner as stated.
BE C	29b, SIDNATURE AND TITLE OF CERTIFIER	16.00			29c. LICENSE NU				nth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pr	int)	OCMI	Ξ	P 11·	-16-9	90
1	MARGARITA A. KORE	LL,MD			enn Stre	eet,Baltim	ore,MD	2120)1
	NOV 2 0 1990	32 REGISTRAR'S SIGNATURE	Mandalle.						

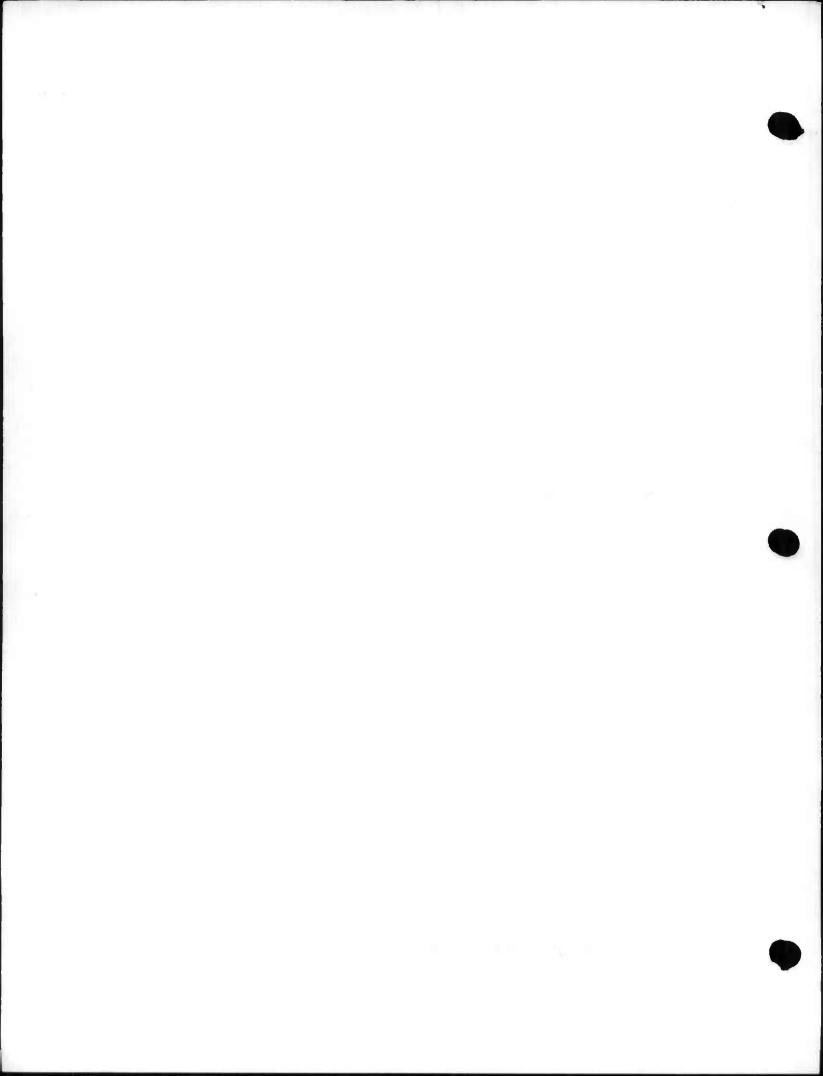


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T C	requires
7	AMP.
4	E e
2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	DR.
1	OSPITAL

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

90 31697

	1 - STATE REGISTRAR	OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN	E 9	0 31697	
	1. DECEDENT'S NAME (First, Middle, Last) Francis H. Have	Middle, Last) FRANCIS HAROLD HARRIS				2. DATE OF DEATH 11/18/90 3. TIME OF DEATH NONTH /8 90 10 9 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 445-22-4627 1 2 M :	8. AGE (in yrs. lest birthday) F UNDER 1 YEAR 1 2					/12/02	SHRTHPLACE (State or Foreign Country)	
TOR	9a. FACILITY NAME (If not institution, give street and nu Lorius Duracing RESIDENCE OF DECEDENT	96	Sb. CITY, TOWN OR LOCATION OF DEATH Calumlua, and.			BC. COUNTY OF DEATH HOWARD			
DIRECTOR	MARYLAND HOWARD	10c. CITY, TOWN OR LOCATION COLUMBIA					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	10s. STREET AND NUMBER 6334 CEDAR LANE				21044		U.	OF WHAT COUNTRY? S.A.	
B¥		J.S. ARMED 2 X NO ES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Speiff yes, specify Cuban, Maxican, Puarto Rican, at 1 YES 2 X NO Specify:							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College 5 +	(Specify only highest grade completed) (Give kind of life. Do NOT life. Do NOT			"S USUAL OCCUPATION of work done during most of working use retired.) 18b. KIND OF BUSINESS/INDUSTRY use retired.)				
	17. FATHER'S NAME (First, Middle, Last) SAMUEL DAVID HARRIS	COLLEGE E	PROFESSOR EDUCATION 18. MOTHER'S NAME (First, Middle, Melden Surname) LAURA JANE STRAWTHER						
TO BE	19a. INFORMANT'S NAME (Type/Print) JOHN WATERS				nd Number or Rural F	Noute Number, City or Town	n, State, Zip Cod		
	20a_METHOD OF DISPOSITION 1 XBurlai 2 Cremation 3 Removal from Stata 4 Donation 8 Other (Specify) HARFORD MEMORIAL GARDENS BEL AIR, MARYL								
	21. SIGNATURE OF FUNERAL SERVICE LICENBEE 122. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045								
	23. PART I. Enter the diseases, or complicet ahock, or heart fellure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	one cause on aac			^	pa Sandiac or reapl	ratory arrest,	Approximate interval Between Onset end Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in				g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
ВУ РН	1-Natural 5 Pending 2 Accident Investigation				RK? /ES 2 NO				
COMPLETED	4 Homicide determined building, etc. (Specify) City or Town, State)								
	(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. One) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLE	THED CAUSE OF DEA	TH (ITEM 27) (Typer-Pri	int)	D4C	0012	> 11	GNED (Month) Day, Year)	
	SOOK POULTON,.	11055 C	-Mir H		Phwy,	SUITE DO	ນສ໌ (olumbia, MD210	

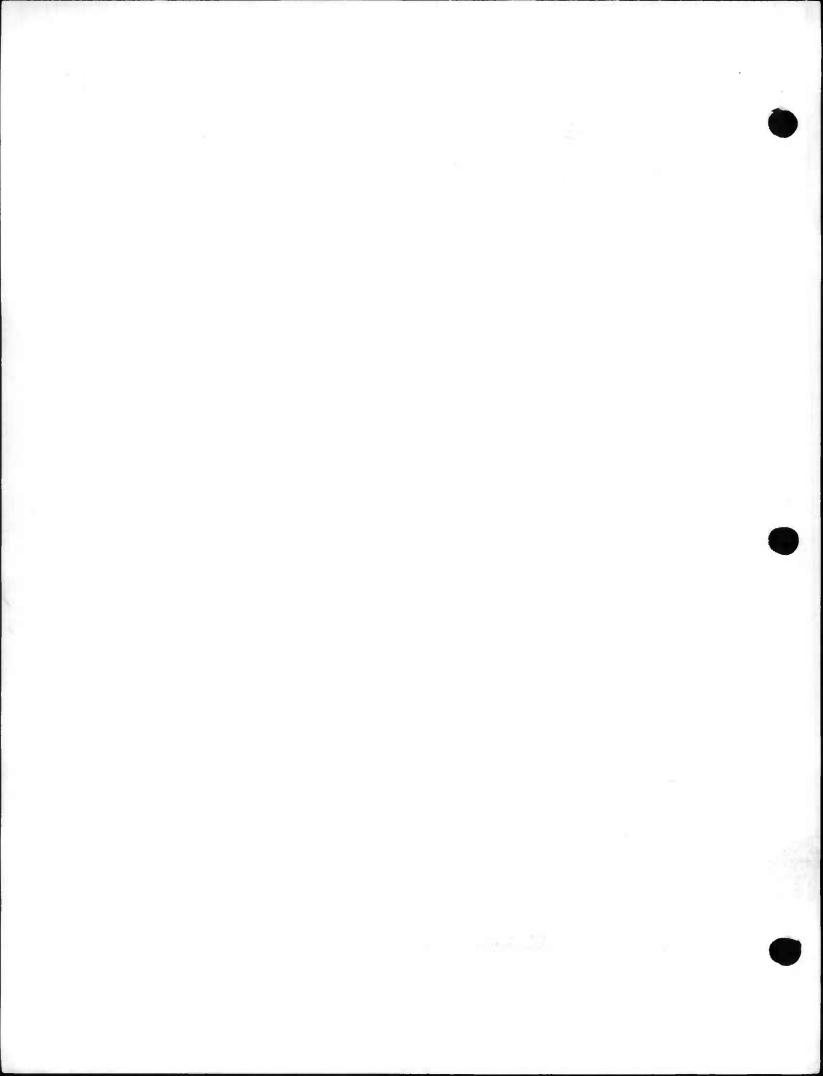


NE VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146 VSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	centificate has been signed by the attanding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, REPOSPAL DR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 2	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	ORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MARYL			MENT OF I			YGIENE EG. NO.	90 31698
	1. DECEDENT'S NAME (First, Middle, Last) HOCK							2. DATE OF I		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last					IF UNDER 1 YEAR MONTHS DAYS	NTHS DAYS HOURS MIN. (Month, Dey. Year) Country)			
TOR	Seculity NAME (If not institution, give street and number) Seculity NAME (If not institution, give street and number) RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH				BA	LtiMORE	
IREC	10s. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?
ETED BY FUNERAL DIRECTOR	MD Baltimore 100-8776FF AND MUNICET rron Circle				Baltimore 101. ZIP CODE 21.234				10g. CITIZEI	1 Tyes 2 No
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			2 TH	MMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-					Black, White, etc. Specify: White
	15. DECE (Specify only Elementary/Secondary (0-	EDENT'S EDUC r highest grade -12)	CATION completed) College (1-4 or 5+)	(Gh		USUAL OCCUPATION done during metired.)			ID OF BUSINESS/INDUS	тяу
COMPLET	17. FATHER'S NAME (First, Mi	iddle, Last)		E	lect	ric We			tts & Cal	llahan
BE C	Elmer D.								icking	
5	LaVonda						ond Number or Rural Oak Rd		City or Town, State, Zip Co.	21234
	1 Ruriel 2 Cremetion 3 Removal from State Other pla			of DISPOSITION (Name of cometery, cremetery or lece) orland Cemetery						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 8521 Loch Raven Blvd. 21204					
	23. PART I. Enter the di		complications that cause List only one cause on							
	IMMEDIATE CAUSE (Finel				COUENCE OF):					
	resulting in death)	→ ,	REN	JAL	~	FAI	LUR	5		Onset and Death
z									•	Unset and Death
CATION	Sequentially list conditi if eny, laading to imme- cause. Enter UNDERLYI	ions, dieta	B. REN DUE TO (OR AS DUE TO (OR AS						\	Unset and Death
ERTIFICATION	Sequentially list conditi	lons, dieta ING Iry		A CONSEC	DUENCE OF): M i			,	Unset and Death
EDICAL CERTIFICATION	Sequentially list conditi if eny, laading to imme- cause. Enter UNDERLYI CAUSE (Disease or inju- thet initiated events resulting in death) LAS	dions, dieta ING	b. DIABE DUE TO (OR AS	A CONSEC	DUENCE OF); V j	E hhl	T V S	E. WAS AN AUTOPSY PERFORMED? □ YES 🔊 🖾 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentially list conditi if eny, laading to imme- cause. Enter UNDERLYI CAUSE (Disease or inju- thet initiated events resulting in death) LAS	dions, dieta ING	DUE TO (OR AS	A CONSEC	DUENCE OF); V j	E hhl	T V S	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditi if eny, laading to imme- cause. Enter UNDERLYI CAUSE (Disease or inju- thet initiated events resulting in death) LAS	ions, dieta NG iriy T	DUE TO (OR AS DUE TO (OR AS d. C. C. DUE TO (OR AS D. DUE TO (OR AS	A CONSEC	DUENCE OF	n the underlying	E hhl	1 Part I. 24	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentially list conditing to immediate cause. Enter UNDERLY! CAUSE (Disease or injuithet initiated events resulting in death) LAS' PART II. Other algnification in the cause of the cause	ions, dieta NG iriy T	DUE TO (OR AS DUE TO (OR AS d	A CONSECT A CONS	DUENCE OF	n the underlyle	ng cause given in	1 Part I. 24 1 heck only one) 6 □ Other (S	a. WAS AN AUTOPSY PERFORMED? VES INO Decity)	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditi if emy, laading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuthet initiated events resulting in death) LAS PART H. Other algnifica 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	ions, dieta NG iriy T	DUE TO (OR AS DUE TO (OR AS d	A CONSECT A CONS	DUENCE OF	other:	ng cause given in	1 Part I. 24 1 heck only one) 6 □ Other (S	e. Was an autopsy Performed? □ Yes 🏄 🖺 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditif eny, laading to immediate. Enter UNDERLY! CAUSE (Disease or injuithst initiated events resulting in death) LAS PART II. Other algnificates and the sequence of the	ions, dieta NG III III III III III III III III III	DUE TO (OR AS DUE TO (OR AS d	A CONSECT A CONS	DOA 20b. TIMI	28. I OTHER: 4 Nursing Ho E OF 28c. II URY M 1	PLACE OF DEATH (Come 5 - Realdence JURY AT ORK? YES 2 NO	heck only one) 6 □ Other (Si 28d, DESCR	a. WAS AN AUTOPSY PERFORMED? VES INO Decity)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditi if eny, laading to immecause. Enter UNDERLY! CAUSE (Disease or Injuthet initiated events resulting in death) LAS PART II. Other algnifica 25. WAS CASE REFERRED TO EXAMINER? 1	Ions, dieta ING III III III III III III III III III	DUE TO (OR AS DUE TO (OR AS d	A CONSECT A CONSECT But not re properties a consection of the c	DUENCE OF DUENCE	26. If OTHER: 4 Nursing Ho EURY M 1 Itreet, factory, off	PLACE OF DEATH (C) me 5 Realdence NUTRY AT ORK? YES 2 NO	heck only one) 6 Other (S) 28d. DESCRI	e. WAS AN AUTOPSY PERFORMED? VES IN NO Decify) IBE HOW INJURY OCCU ON (Street and Number or own, State)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditi if eny, laading to immecause. Enter UNDERLY! CAUSE (Disease or Injuthet initiated events resulting in death) LAS PART II. Other algnifica 25. WAS CASE REFERRED TO EXAMINER? 1	Pending Investigation Could not be determined TIFYING PHYSI COULD FOR THE PHYSI COULD	DUE TO (OR AS DUE TO	A CONSECT A CONSECT But not not not not not not not not not no	DUENCE OF DUENCE OF DUENCE OF DOA 20b. TIMINJ	26. In the underlyling the street, factory, off at the time, de no, in my opinion,	PLACE OF DEATH (C) me 5 Realdence NURY AT ORK? YES 2 NO lee te end place, end du death occured at th	heck only one) 6 Other (S) 28d. DESCR	e. WAS AN AUTOPSY PERFORMED? YES NO VES NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RED

32. REGISTRAR'S SIGNATURE

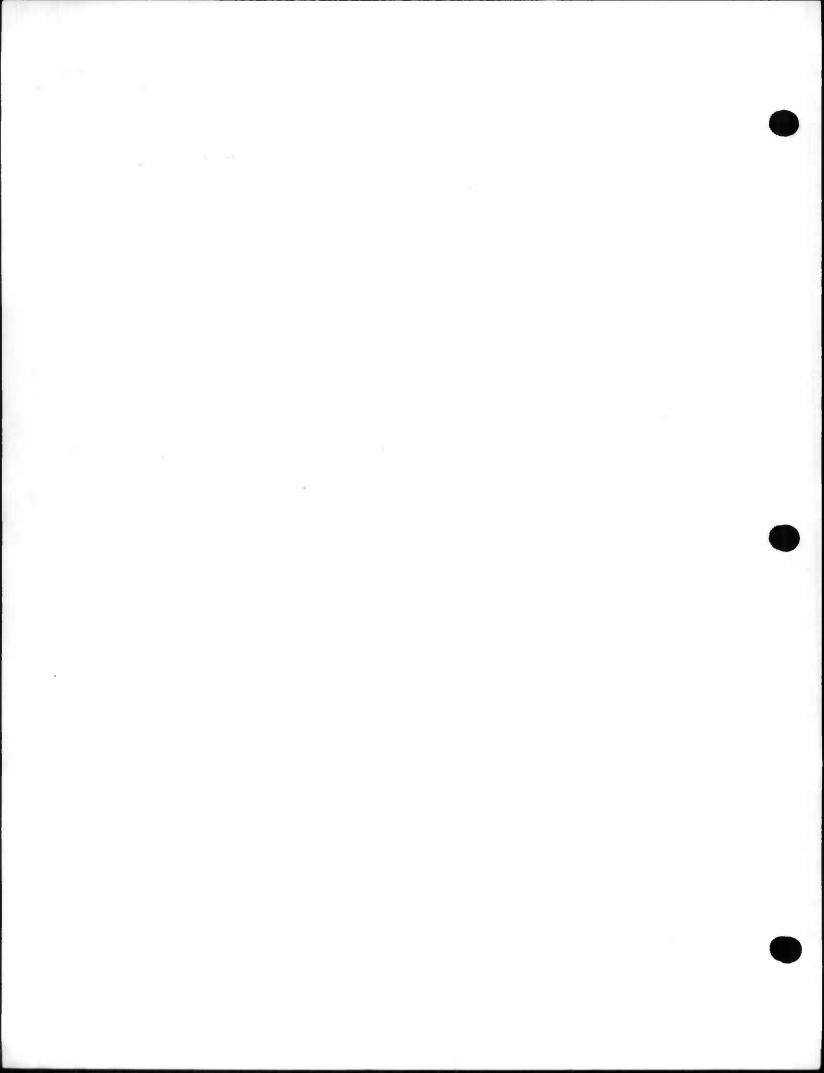
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	1 - STATE REGISTRAR		CER	TIFIC	ATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) M N E	HALL	/				2. DATE OF MONTH	DEATH			TIME OF DEATH 01 Jo HVS_ M
	4. social security number 239–18–6983	1 M 2 K F	AGE (In yrs. last bir 81	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		віятн 1470	8 N	· Ca	ce (State or Foreign arolina
OR	so. FACILITY NAME (If not institution, give a Baltimore Coun	treet end number) ity Genera	al		allstow			9c. COUNTY	OF DEATH	111	
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNT Maryland	γ	1		OWN DR LOCA Balti	more Ci	ty	i i i			I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL (100. STREET AND NUMBER 2000 Odell Av	enue		-	10	ZIP CODE	37	10g. CITIZEN			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	IRMED 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 □ YES 2 □ NO Specify: Specify:						American Indian, hite, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give I	DENT'S USUAL OCCUPATION kind of work done during most of working NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
BE COM	17. FATHER'S NAME (First, Middle, Lest) Joe Shaw					18. MOTHER'S NA Rosa		idle, Malden S	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) Lillie Maker		19b. M 84 (04 C	oness (Street arlso	nd Number or Rural n Lane	Route Number Bal	timo:	re, M	D 2	
	20s. METHOD DF DISPDSITION 1X. Burtel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	20b. PLACE OF Ceda	osposm Hi	ll Ce	metery, cremetory or metery			timor		waryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE OU	HOIT	_	Lero	y O. Dy Libert	ett				
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
SERTIF	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
ш	PART II. Other significent condition	ns contributing to de	uiting in 1	in the underlying ceuse given in Part I.			Part I. 24a, WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	25. WAS CASE REFERRED TO MEDICAL										YES 2 NO
PHYSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆		THER:	LACE OF DEATH (C)					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,		8b. TIME C	Y W	JURY AT ORK? YES 2 ND	28d. DESC	RIBE HOW I	NJURY OCCUR	IED	
	3 Suicide s Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	UURY — At home (Specify)	, farm, etre	et, factory, offi	ce		FION (Street a Town, State)	and Number or	Rural Route	Number,
COMPLETED	[Critick Orliny	SICIAN: To the best of my ER: On the basis of exam								:euse(e) #n	nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	i Mo					333		▶ //.	19.	onth, Day, Year)
Ĕ	30. NAME AND ADDRESS OF PERSON W	N MD	B(GH)	T) (Type Pr	ANDA	WITOW	NI	70	2113	3.	
	31. DATE FILED (Month, Day, Your) NOV 2 0 1990	Julia Davidson									

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



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	ect.	=	

90 31700 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH CURTIS Harris 11 990 .35 а 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) B. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 219-05-424 1 X M 2 | F 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH FRANKIN SO DIRECTOR Baltimore County 10b. COUNTY 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Ma 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f, ZIP CODE 21220 S 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merrie BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest gi Elementary/Secondery (0-12) College (1-4 or 5+) CRKLIFT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRIS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tox 21220 0 MARGAREI 200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of co 20c. LOCATION - City or Town, State 1 St Buriel 2 Cremation 3 4 Donation 5 Other (Specify) nation 3 🗆 Ren CAST SAIN 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY COMM. WM.C. BROWN com, 1 rocort 1206 W. NORTh 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, Approximats Interval Between ahock, or heart fellure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition Recurrent Right Parietal Glioma resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseass or Injury OUE TO (OR AS A CONSEQUENCE OF). that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 TES TO NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 XNO [X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA me 6 - Residence 6 - Other (Specify) 4 🗌 Nun 27. MANNER OF CEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide detarmined COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the ceuse(e) end menner ea stated. 29d, DATE SIGNED (Month, Dev. Year)

29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER

► 11-17-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Simone Lapidus, M.D. 9000 Franklin Square Drive Baltimore 21237

31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

191160 1.

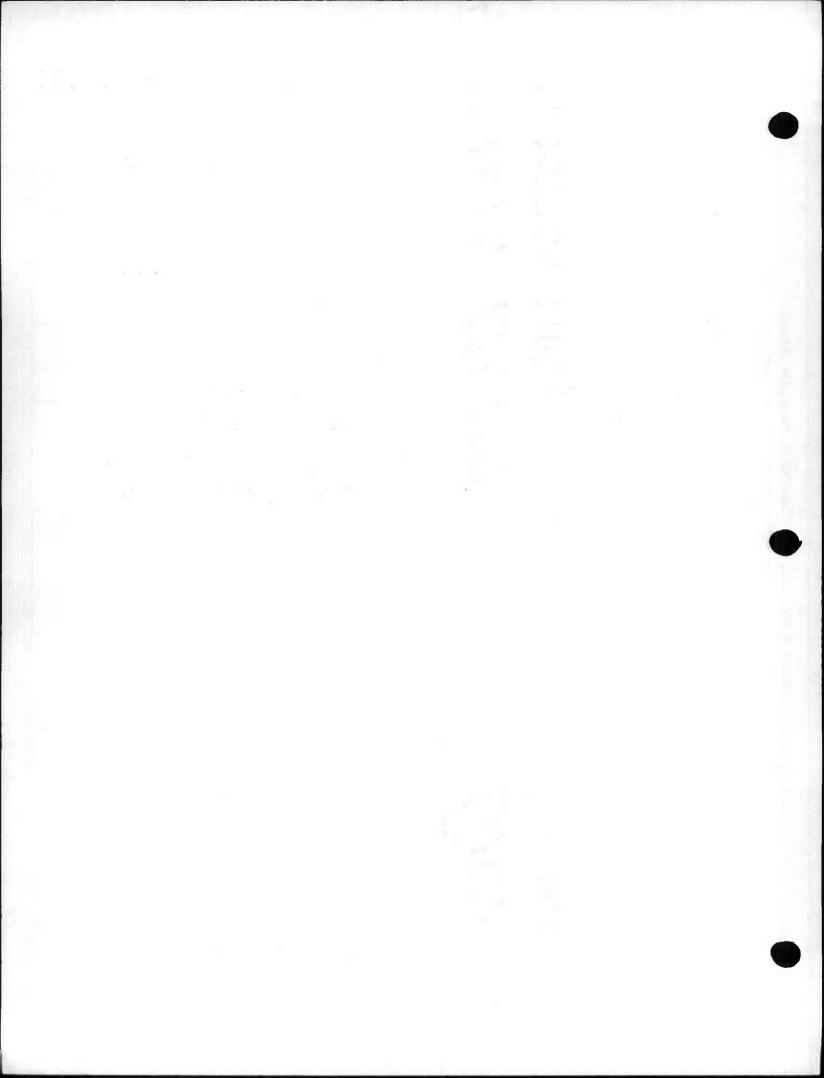
TO THE HOSPITAL OR AITENDING*PHYSICIAN: The jaw requires that the death certificate be executed within a found the float of the hospital or attending physician.

TO THE FUNEDAL DIRECTOR: After this certificate, fish been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Signe Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.
1. DECEDENT'S NAME (First, Middle, Last) JAMES HIDDEN		2. DATE OF DEATH
A COULT OF CHIEFTY HUMBER	a are	

1. DECEDENT'S NAME JAME	S HIDDEN							2. DATE OF DEAT	18 -	90	3. TIME OF DEATH 8:45 A M	
4. SOCIAL SECURITY 334-05-8		6. SEX	6. AGE (In yrs. lest 78		F UNDER 1 YE		UNDER 24 HRS. URS MIN.	7. DATE OF BIRTS (Month), Day, Ye 08-04-1	912	8. BIFTH	IPLACE (State or Foreign y)	
90. FACILITY NAME (I	BALTIMO	PRE MEDICA	L CENTER			WSON	OCATION OF DE	EATH		ALTI		
MD.	10h. COUNT	LTIMORE	3	10c. CITY, TOWN OR LOCATION TOWSON							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
5 HUGEN						101. ZIP	1204			J.S.A		
10. STREET AND NU 5 HUGEN 11. MARITAL STATUS 1 Never Married 3 Widowed 4		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2 NO AR OR DATES	IED)	If yes	s, specify	ENT OF HISPAI Cuben, Mexica XIO Specif	NIC ORIGIN? (Speci in, Puerto Ricen, et v.	ly Yes or No— L.)	14. RACE Black Speci	E — American Indian, k, White, etc. My: WHITE	
(Spec	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 3 yrs			EDENT'S US MAN AND WOO Chinis	BUAL OCCUI k done durin retired.)	PATION g most of	working		inghou			
Silva Wi	lson Hid	-1				Lue11a	ME (First, Middle, M Christi	na	Asl	h		
Martha H	idden		Huge	enot	Ct.	Tows on	, Md. 21	204				
20a. METHOD OF DIS 1 Burlel 2 Cm 4 Donation 5 D	Other (Specify)	other pled	0b. PLACE OF DISPOSITION (Name of cornetery, crematory or other piece) Green Mount 11-19-90 22. NAME AND ADDRESS OF FACILITY					Baltimore, Md.				
> The	and a	Kult	4		Ru	ck T	owson	Funeral . Towsor	Home,	Inc. 2120	4	
	or haart fallure	a. STA	se on each line.								Approximata interval Between Onset and Death	
If any, leading to cause. Enter UND CAUSE (Disease of that initiated even	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. STARHLOCOCAL PNEUMONIA Due to (or as a consequence of): Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other alg	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in								AS AN AUTOPS ERFORMED? ES 2 NO	Y 246	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFER EXAMINER? 1 YES 2 27. MANNER OF DEAT		HOSPITAL:	ER/Outpatient 3		OTHER:		OF DEATH (C)	eck only one) 6 Other (Specif	ui)			
27. MANNER OF DEAT		28a. DATE OF (Month, E	INJURY	28b. TIME INJUI	OF 280	. INJURY	AT	28d. DESCRIBE		CCURED		
9 Quintele	6 Could not be determined	28e. PLACE C building,	of INJURY — At hone	ne, farm, str	eet, factory,	office		281. LOCATION (3 City or Town,	Street and Numb State)	per or Rural i	Route Number,	
4 Homicide 29a. CERTIFIER (Check only one)		SICIAN: To the best of s									s) and manner as stated.	
Hand	ld T	in ch	- MI	Δ,			C. LICENSE NU	220	•	11/1	8/9 D	
HARO	LA T		SE OF DEATH (ITEM	27) (Type, F	801	Ya	RKK	1 # 20	3 100	USOR	1, M.D. 2/200	
31. DATE FILED (Mont	1, pay, 16ar)	32. REGISTRA	NOV 2	0 199	90	Julia	Savidson	-Pandall				



TO THE HOSPITAL DR AT TO THE FUNERAL DIRECT BE filed within 72 hours a IMPORTANT: If Item 2

ATTENDING PHYSICIAN: The law many many many many many many many many	ECTOR: After this certificate has been such burds after an opposition and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a steer death with the State Dept. of really after the page 1, 2, 3 should be death with the State Dept. of really after the page 1, 2, 3 should be state of the state Dept.	1 28 is marked, or item 23 shows of injury or other traumatic event, the medical examiner must be notified at once.
ATTENDING PHYSICIAN: The law receive that	ECTOR: After this certificate has been spreed being after death with the State Dept. of Fruits and	1 28 is marked, or item 23 shows of in

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 31702

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA				GIENE 9U	31702		
	1. DECEDENT'S NAME (First, Middle, Last) CECIL	ERIC	HOLT			2. DATE OF DE	DAY 16 9	S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 225 → 03 → 7400 98. FACILITY NAME (If not institution, give str	1 M 2 🗆 F	77. YRS. MON	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIR (Month), Day, 1 07 → 10	thar)	BIRTHPLACE (State or Foreign Country) Virginia		
CTOR	Francis Scott Key		ter	Baltin	ore City	Sc. COOKITY	OF DEATH			
DIRECTOR		ltimore		undalk				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	1925 Holborn Road		101.	21222		u.	N OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 💢 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO ATES	If yes, spe	ENDENT OF HISPAN officultien, Mexicar 2 NO Specify	, Puarto Rican,		I. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei	done during mos	N at of working	of Business/Inous				
BE COMF	10 th Grade 17. FATHER'S NAME (First, Middle, Leet) Lacy E. Holt		· o · cemari		18. MOTHER'S NAI		Maiden Surname)	sieec		
TO B	190. INFORMANT'S NAME (Type/Print) Irene S. Holt		1925 Ho	lborn	Road, Ba	ltimore	or Town, State, Zip Co., MD 21	222		
	20e, METHOD OF DISPOSITION AIX Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	wal from Stata	other place) Holly Hill	Mem.	Park 11-	20-90	Baltimo	re, MD		
	3. PART i. Enter the diseases, or c	1		Duda- 7922	Ruck Fun Wise Ave	eral Ho	me Of Du	ndalk, Inc.		
4	shock, or heert feilure. I	a	ech ilne.		as or aying, such	n aa carciec o	r respiratory arres	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST b. VAR / THI WAY DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO JOR AS A CONSEQUENCE OF): B. VAR / THI WAY DUE TO (OR AS A CONSEQUENCE OF): SAMPLE OF THE CONSEQUENCE OF): B. VAR / THI WAY DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO JOR AS A CONSEQUENCE OF): B. VAR / THI WAY DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO JOR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL O	PART II. Other significent condition		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
IAN	25. WAS CASE REFERRED TO MEDICAL				ACE OF OEATH (Ch	eck only one)				
YSIC	1 YES 2 NO	HOSPITAL: 1 Vinpatient 2 - ER/Out	petient 3 DOA 4		e 5 🗆 Residence					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME O INJURY	/ Wo	URY AT RK? /ES 2 NO	28d. DESCRIBI	E HOW INJURY OCCU	RED		
	3 Suicide a Could not ba 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, atre- city)	et, factory, offic	•	281. LOCATION City or Tow	(Street and Number of n, State)	r Rural Route Number,		
COMPLETED	(Check only	CIAN: To the best of my know						f. cause(a) and manner as stated.		
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFIER	1	vvs		29c, LICENSE NUI		29d. DATE	29d. DATE SIGNEO (Month, Disy, Year) 11/17/90		
_	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)						
	31. DATE FILED (Morethy Day, Year)	32. REGISTRAR'S SIGN	ZU 1990	Tukan	Saindan Ba	nde 90				

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSIC	THE FUNERAL DIRECTOR: After this ce field within 72 hours after death with the	MPORTANT: If Item 28 Is marked,

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /		TMENT					YGIENE EG. NO.	S	90	31703
	1. DECEDENT'S NAME (First, Middle, Last) Ba	rry N	ichols	Jo	hnsc	n			2. DATE OF MONTH	DEATH DAY	1	YEAR	TIME OF OEATH 2:48PM M
	4. SOCIAL SECURITY NUMBER 213-52-1514	5. SEX	6. AGE (In yrs. lest						7. OATE OF BIRTH (Month, Day, Year) 1948			BIRTHPLA	CE (State or Foreign
SR		9a. FACILITY NAME (If not institution, give atreet and number) 3442 AUCHENTOROLY TERRACE										Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND				.,	TOWN OR LOCATION 10d. INSIDE CITY LIMITS7 1XVER 2						1. INSIDE CITY LIMITS? XES 2 \(\sum \) NO	
	10e. STREET AND NUMBER			DI			ZIP CODI	E		3.5		N OF WHAT	COUNTRY?
FUNERAL	3442 AUCHENTOR	12. WAS OFCEDEN		MED			ENDENT C		IIC ORIGIN? (S	pecify Yes or N	_	4. RACE -	American Indian,
BY	1 Nerver Married 2 Married 3 Wildowed 4 Divorced	1 YES	2 X X 0					Specify:	Black				
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	ccupation during most	st of worldr	ng		ty of			nore .c Works				
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Malden Surname)					C WOLKE					
8	George Coleman Ruth Johnson 196. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)												
2	Michael Johnson	n											MD 21215
	20a. METHOD OF DISPOSITION 1- Burial 2 Cremation 3 Rame 4 Donation 6 Other (Second) 21. SIGNATURE OF PURERAL SERVICE LIC		20b. PLACE (other pla	00) MA	RYL GA	AND RRIS	VET SON D ADDRE	FOR SS OF FA	EST CILITY		NGS	MIL	LS, MD
	· W/ Sway	200 N	100	174	1	2501	GW	YNN	S FAL	LS PK	WY.	, BA	21216 LTO., MD
	shock, or heart failure. List only one cause on each line										Approximate Interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
ERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
: MEDICAL C	PART II. Other significant condition	j cause (given in	_ 1	YES 2 NSPECT	7 NO	COI OF	TRE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES XX NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07115		ACE OF D	EATH (Ch	eck only one)				
PHYSICIAN:	PLXHS 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 I	INJURY	28b. TIR	AE OF	28c. INJ	URY AT	esidence	6 Other (S)	oecify) BE HOW INJUF	n occu	RED	
ВУ Р	XXNetural 6 Pending (Month, Dey, Year) INJURY WORK? 1												
TED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At hou atc. (Specify)	res, terris,	otreet, 180	tory, office				ON (Street and A own, State)	umber o	riurai Houte	r returnes,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of R: On the basis of as											id manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	16					29c. LIC	ENSE NUI		290	. DATE	SIGNED (Mo	onth, Day, Year)

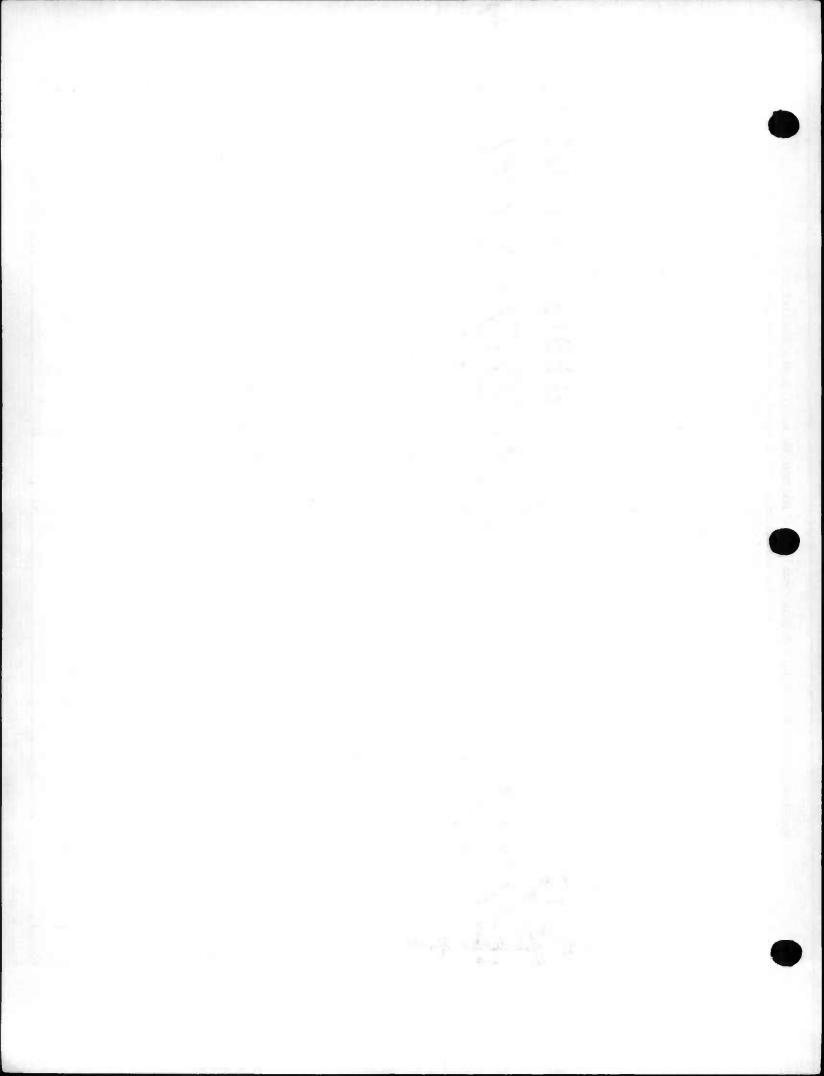
ANN M. DIXON, MD

111 Penn Street, Baltimore, MD 21201

31. DATE FILED (Month, Day, Year)
NOV 2 0 1990

DHMH-18 Rev 1/89

VC



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within benefits fleat in. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENI
		C	F	RTIFICATE	O	F DEAT	TH		REG	NO

1	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYG		0 01704				
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	3. TIME OF DEATH				
	John Jenk	ins				Novembe	er 16. 1	990				
ŧ		SEX 6. AGE (In y		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month Day, Yes	18	BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY	Y OF DEATH				
PO PO	RESIDENCE OF DECEDENT		RE									
DIRECTOR	10e. STATE 10b. COUNTY	1	TION			10d. INSIDE CITY						
	MD 13.1.	+	Ва	ltimore				1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER	TON AVE. A	DT 2	10	21223		10g. CITIZE	en of what country?				
N N		. WAS DECEDENT EVERTN U.	-	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specif	v Yea or No.— 16	4. RACE Apparican Indian.				
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 WO Specify	n, Puerto Rican, ato		Black White stc. Specify: BLACK						
2	1S. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16	Sa. DECEDENT'S U	ISUAL OCCUPATION done during mo	ON .	16b. KIND OI	F BUSINESS/INDUS					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	at or working							
P P	N / A 17. FATHER'S NAME (First, Middle, Last)		LABORE	<u> </u>	40 MOTHERS NA	ME (First, Middle, Mi	olden Cumanal					
	UNKNOWN					JENKI						
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City of	r Town, State, Zip Co	ode)				
-	JAMES ROBERTS							ORE, MD.2122				
	20a. METHOD OF DISPOSITION 1X Burtel 2 Cremation 3 Remove 4 Donation S Other (Specify)				ST VET.		C. LOCATION — CH	MILLS, MD.				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME A	ND ADDRESS OF FA	CILITY						
	D	1/4 =		WM.C	. MARCH	F.H.	1101 E.	. NORTH AVE.				
	23. PART I. Enter the diseases, or com			ot enter the mo	de of dying, suc	h se cerdiec or	reepiratory arres					
	shock, or heart fellure. Lie IMMEDIATE CAUSE (Final	t only one cause on sacr	1		,			Interval Between Onset and Death				
	disease or condition resulting in deeth) e. Lung Cancer with 5 min wife											
	DUE TO (OR AS A CONSEQUENCE OF):											
	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8 2	CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	•								
<u>ii</u>	d											
Ä	PART II. Other significent conditions of	ontributing to deeth but	not resulting in	the underlyin	g ceuse given in		AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE				
						1 _ Y	ES 2 NO	OF DEATH?				
Σ						-		1 YES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
is l		OSPITAL: Inpetient 2 TeR/Outpeti		OTHER: 4 - Nursing Hor	ne 5 Diffesidence	8 Other (Specify	0					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK?	26d. DESCRIBE N	IOW INJURY OCCU	IRED				
à	2 Accident Investigation	28s. PLACE OF INJURY —	At home, farm, at			28f. LOCATION (S	Street and Number of	r Rural Route Number,				
COMPLETED	4 Homicide 6 Could not be determined	building, atc. (Specify)	me			City or Town,	State)					
3	29a. CERTIFIER Check only	N: To the best of my knowled		d at the time, dat	and place, and due	to the cause(s) an	d manner ea stated	d.				
OM	opel	On the besis of examination e	nd/or investigation	ı, in my opinion,	death occured at the	time, data end pla	ce, end due to the	cause(s) end manner as stated.				
	29b. SKINANDRE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)				
TO BE	Call				13869	18	10/	119/7				
-	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE									
	NOV 2 0 1990 \$	the Davidson-Re	ndette									

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First,	11.44						2. DATE OF D	DEATH	YEAR	3. TIME OF DEATH		
	WYLIE JEI	NKINS						NOVEMB	ER 17.	1990	5:30 A M		
- 1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR		7. DATE OF B (Month, Day		8. BIRTHP Country)	LACE (State or Foreign		
	214-44-99	24	1 X M 2 □ F	46	YRS.	MONTHS DAY	HOURS MIN.		5/44		YLAND		
	9a. FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CITY, TOW	OR LOCATION OF			UNTY OF DE			
DIRECTOR	JOHNS HO	PKINS	HOSPI'	l'AL		BA	LTIMORE	CITY					
E I	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?		
8	MARYLAND				B	ALTIMO	RE CITY				1 TYPES 2 NO		
	10e. STREET AND NUMBER						101. ZIP CODE		10g. CI	TIZEN OF WI	HAT COUNTRY?		
H	501 W. FR	ANKLI	N STREI	T			21201			USA			
FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.S.			ECENDENT OF HISPA			14. RACE	- American Indian,		
	1 Xever Married 2	-		YES 2 MAR OR DATES	Mo	If yes,	specify Cuban, Maxic ES 2 X NO Spec	an, Puerto Rican //y:	ı, etc.)	Specify	White, etc.		
ВУ	3 Widowed 4 Divo	rced									BLACK		
COMPLETED		EDENT'S EDU			(Give kind of	USUAL OCCUPA work done during	TION most of working	16b. KIN	O OF BUSINESS/II	IDUSTRY			
	Elementary/Secondary (0	1	College (1-4 or 6	+)	ille. Do NOT u	se retired.)							
MP.													
8	17. FATHER'S NAME (First, M	fiddle, Lest)					18. MOTHER'S N	AME (First, Middle	e, Maiden Surname)				
BE (ROOSEVEL	T JEN	KINS										
0	19a. INFORMANT'S NAME (7	Type/Print)			19b. MAILING	ADDRESS (Stre	et and Number or Rura	Route Number, C	Olty or Town, State, 2	Zip Code)			
-	GEORGIA P				1909	CHELS	EA TERR	ACE: E	BALTO.	MD.	21216		
	20a. METHOD OF DISPOSIT 1 Burlal 2 Crematic	TON	oval from State	other	r place)		cemetery, crematory or		20c. LOCATION -		CONTROL - CONTROL OF		
	4 Donation 6 Other	(Specify)		_ ME	TRO		ORY INC		BALTIM	ORE,	MARYLAND		
l	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	1	1		AND ADDRESS OF F		CONT	III III III	AT HOME		
	Mera	41	(). Lu	rall	()		OY O. D O LIBER						
	23. PART I. Enter the d	mesous, or o	complications th	t caused the	death. Do						Approximats		
	IMMEDIATE CAUSE (Fir	1.1	List Dnly Dns ca	Dn each i	ine.						Interval Between Onset and Death		
	disease pr condition 12 May 1 May 18												
	resulting in desth) DUE TO (OR AS A CONSEQUENCE OF):												
2													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate												
S	cause, Enter UNDERLYING												
E	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
8	resulting in death) LAST												
	PART ii, Other aignifica	ent condition	na contributing to	death but no	ot resulting	in the underly	ring cause given i	n Part i. 24	. WAS AN AUTOPS	y 24b.	WERE AUTOPSY FINDINGS		
MEDICAL						AND THE COURT OF THE CO.			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	-							_ 0	YES 2 NO		OF DEATH?		
								_			1 TES THO		
PHYSICIAN:	25. WAS CASE REFERRED T	MENION.					BI ACE OF PEATE	Shoot city 1					
0	EXAMINER?	O MEDICAL	HOSPITAL:	4		OTHER:	PLACE OF DEATH (
ĭ.S	1 TYES 2/D NO		1 Inpetient 2		_		INJURY AT			2001050			
		Pending	28a. DATE O (Month,	Day, Year)	26b. TI	JURY	WORK?	28d. DESCRI	BE HOW INJURY O	CCUMED			
B	2 Accident	Investigation	DE DI ACE	OF IN HIRY	A bone form	street, factory, o	YES 2 NO	ORA LOCATIO	N (Street and Numl	has as Dumi D	hute Mumbes		
	3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Specify)	c nome, term,	street, factory, t	mee		own, State)	Jul Of Hurer III	oute reamon,		
Ш								1					
귤	TORROW OTHY	1					late and piece, and d						
COMPLETED	2 #11	EXAMINE	ER: On the basis of	examination and	/or investigat	ion, in my opinio	n, death occured at the	he time, date and	place, and due to	the cause(a)	and menner as stated.		
BE	29b. SIGNATURE AND THE		woods, m				29c. LICENSE N	UMBER	29d. D	H / 17	(Month, Day, Year)		
5	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CA	USE OF DEATH (TEM 27) (Typ	e, Print)	in, Bus	INONE. W	') 21201		-		
							1						
	31. DATE SLED (Month, Day	990	Julia David	son-land	482								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the intending physician.

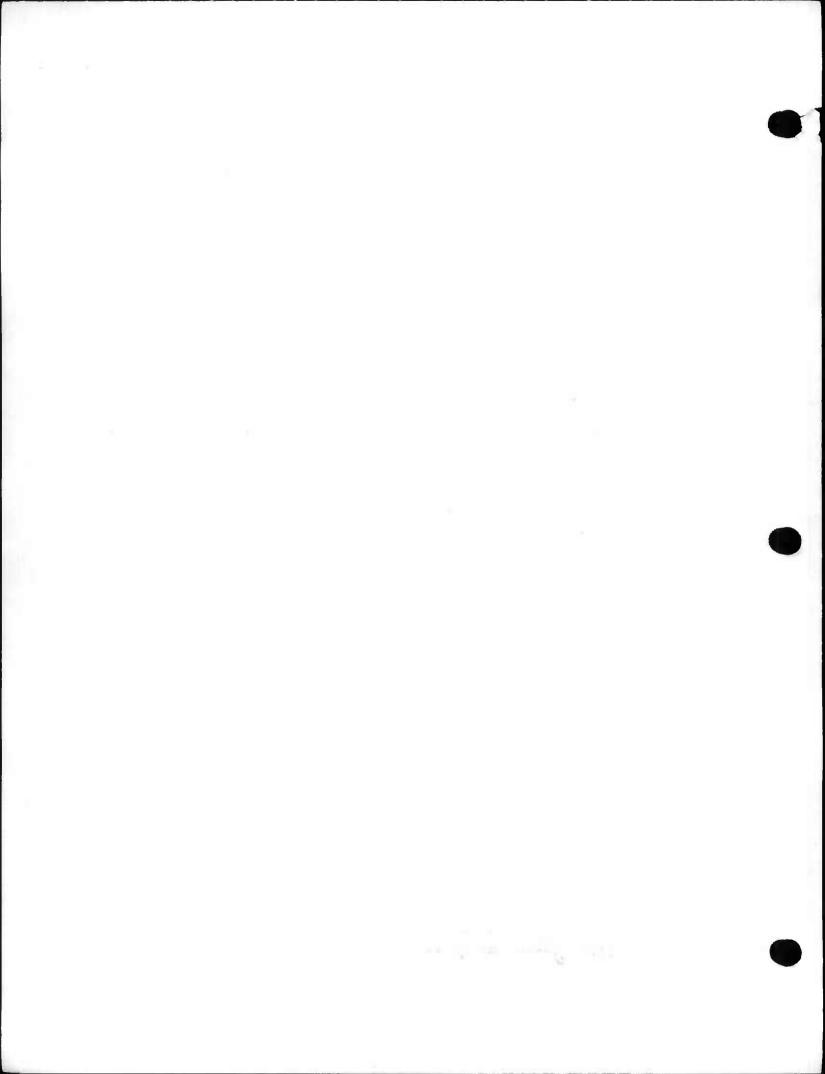
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E	0 31700	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATN	AY YEA	3. TIME OF OEATN	
	Ida	TERSOHET D				200711100	75 7	5:21P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	C	INTRPLACE (State or Foreign ountry)			
	213-34-5247 9a. FACILITY NAME (If not institution, give	1 M 2 Street and number)	88 YRS.	9b. CITY, TOWN (OR LOCATION OF OR	Feb.16,	1902 M	MAryland Processing	
DIRECTOR	Franklin Squa	re Hospita	1	Ros	sville		Balt	imore County	
띭	10a. STATE 10b. COUNT	TY .	10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY	
	Md. E	Baltimore		E	ssex			1 TES 2 NO	
₹I	10e. STREET AND NUMBER			10	ZIP COOE	•	10g. CITIZEN	OF WHAT COUNTRY?	
<u>ا</u> و	1200 E. Hon	berg Ave,			2122		US	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	If yes, sp		NC ORIGIN? (Specify Yearn, Puarto Rican, alc.)	1	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. OECEOENT'S ED (Specify only highest grad	le completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo	ON et of working	16b. KIND OF BU	SINESS/INDUSTF	RY	
7	Elementary/Secondary (0-12) 8 th	College (1-4 or 5+)		odian					
No.	17. FATHER'S NAME (First, Middle, Last)		Cust	Outan	18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)		
		Griffith					Beck		
BE	19a. INFORMANT'S NAME (Type/Print)	OZ Z Z Z Z CII	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow		9)	
٩	Joseph W. Je	erscheid	1200	Е. Но	mbera A	ve. BAlt	imore	Md.21221	
	Joseph W. Jerscheid 1200 E'. Homberg Ave. BAltimore Md. 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 4 Donetton 5 Other (Specify) 4 Donetton 5 Other (Specify) BAltimore Mc								
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	HOLY K		ND ADDRESS OF FA		TCIMOL	C ma.	
	Connelly	Fundal	flore	Conn	ellyFun	eralHome	300MAc	ceAve.21221	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heer feliere. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sepsis secondary to Proteus Due to (or as a consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to death	but not resulting i	n tha underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ÿ					<u> </u>				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)	neck only one)			
IXS	1 YES 2 NO	1 Sympetiant 2 ER/Out 28s. DATE OF INJURY				8 Other (Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Year)	28b. TIMI	URY	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJUR				281. LOCATION (Street City or Town, State		tural Route Number,	
Suicide a Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only official) MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as star of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as star of my knowledge, death occurred at the time, date and place, and due to the cause(s) and due to the cause(s) and manner as star of my could be considered at the time, date and place, and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and manner as star of my could be considered at the time, date and place, and due to the cause(s) and manner as star of my could be considered at the time, date and place, and due to the cause(s) and manner as star of my could be considered at the time, date and place, and due to the cause(s) and manner as star of my could be considered at the time, date and place, and due to the cause(s) and manner as star of my could be considered at the time, date and place, and due to the cause(s) and manner as star of my could be considered at the time, date and place, and due to the cause(s) and manner as star of my could be considered at the time, date and place, and due to the cause(s) and manner as at a considered at the time, date and place, and due to the cause(s) and manner at a considered at the time, date and place, and due to the cause(s) and manner at a considered at the time, date and place, and due to the cause(s) and manner at a considered at the time, date and place, and due to the cause(s) and manner at a considered at the time, date and place, and due to the cause(s) and the considered at the time, date and place, and due to the cause(s) and the considered at the time, date and place, and due to the cause(s) and the considered at the time, date and place, and due to the cause(s) and the considered at the considered at the considered at the considered at the considered at the considered at the considered								use(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIF	MARIE	80	١	29c. LICENSE NU	MBER	29d. DATE SIG	SMED (Mgnith, Bay, Year)	
5	30. NAME AND ADDRESS OF PERSON V	Wostlo M.D	EATH (ITEM 27) (Type,	279	0000 Fran	klin Squai	re Drive	r (e -21237	
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							

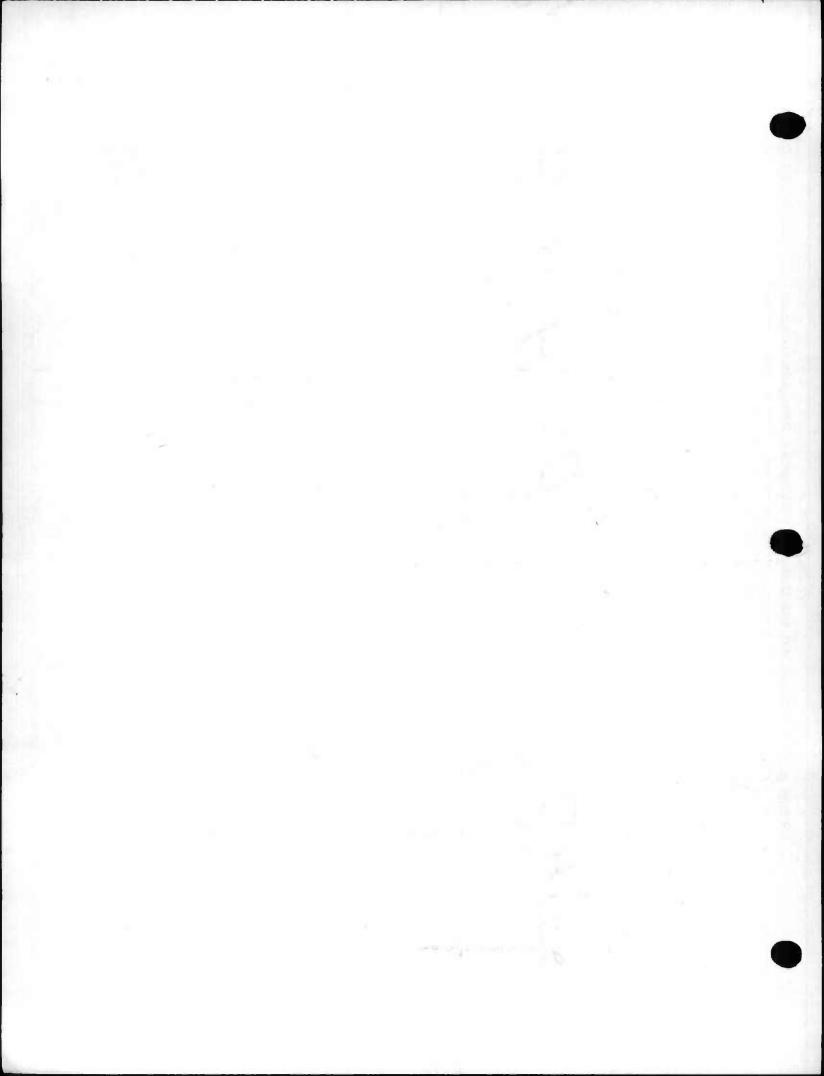




this conflicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should with the State Deot. of Health and Mental Hygiene prior to burlal, cremation, or removal. 24 Hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATENDING PATSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Jiem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR		STATE OF MA					ALTH AND I	MENTA	REG. NO				
1. DECEDENT'S NAME (First, Mid	21(21.)	CHARLES						MON	e of death th d EMBER	16,199	YEAR 90	3. TIME OF DEATH 9 a	
4. SOCIAL SECURITY NUMBER 215-10-1832	1	∑ M 2 □ F	8. AGE (In yrs. I	est birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	1907	Country	PLACE (State or Foreign) RYLAND	
9a. FACILITY NAME (If not institute 5466 ADDINGT RESIDENCE OF DECED	ON RO.						NORE	EATH	BALTIMORE				
	COUNTY	TIMORE		10c. CIT	10c. CITY, TOWN OR LOCATION BALTIMORE				L			10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER 5466 ADDINGTO	ON ROA	AD			101. ZIP CODE 21229						U.S.	A.	
11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Diverced	led	P. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ARMED NO	11	13. WAS DECENDENT OF HISPANIC ORIGIN? (S If yes, specify Cuben, Mexican, Puerto Rica 1 YES 2 NO Specify:				s or No- 1		- American Indian, White, etc.	
	(Specify only highest grade completed) (G				B USUAL OC work done d	CUPATID	t of working		OWNER	SINESS/INDU	STRY		
17. FATHER'S NAME (First, Middle, Linst) ROBERT KELLOUGH					CIST DRUG STORE 18. MOTHER'S NAME (First, Middle, Maiden Surname) BARBARA VOHDEN								
19a. INFORMANT'S NAME (Type/Frint) C. JOAN DALEY (NIECE) 1.					19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town 1305 GREENBRIAR CIRCLE BALTIMON						rn, State, Zip Code) RE MARYLAND 21208		
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation : 4 Donation 5 Other (Spe		from State	other.	n/ece)	ARK MA		etery, cremetory or LEUM		100000	CATION — CH LTIMOR		vn, State MARYLAND	
21. SIGNATURE OF PUNERAL SE	RVICE LICEN	Dit La	1.		LE	ROY		SSEI				ERAL HOME LE, MD.212	
Sequentially list condition from the sequentially list conditions of the sequential sequence of the sequence o	, 6 b.		OR AS A CONS	EQUENCE (OF):	Hu	poid	Ca	nces			fys.	
PART II. Other algorificant of	conditions of	contributing to c	leath but not	t resulting	in the un	derlying	cause given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MI EXAMINER?		IOSPITAL:			OTHER		ACE OF DEATH (C	neck only	one)				
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident Inve		28s. DATE OF I	NJURY	28b. TI	4 🗆 Nun	28c. INJI WOI	FROM THE STATE OF		ner (Specify) EȘCRIBE HOW	INJURY OCCU	JRED		
	3 Suicide 8 Could not be 28e. PLACE OF building, e					ory, office			CATION (Street by or Town, State		or Runal R	loute Number,	
onel only	1137.7	N: To the best of r) and manner as stated.	
296. SIGNATURE AND TITLE OF	in C	130	ush	W	2		29c. LICENSE NU D174			29d. DATE	SIGNED	(Month, Day, Year)	
WILLIAM C. GI			//			LAND	HOSPITA		S. GRI			r 4th FLO 21201	
NUV 20 199		32. REGISTRAF											



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

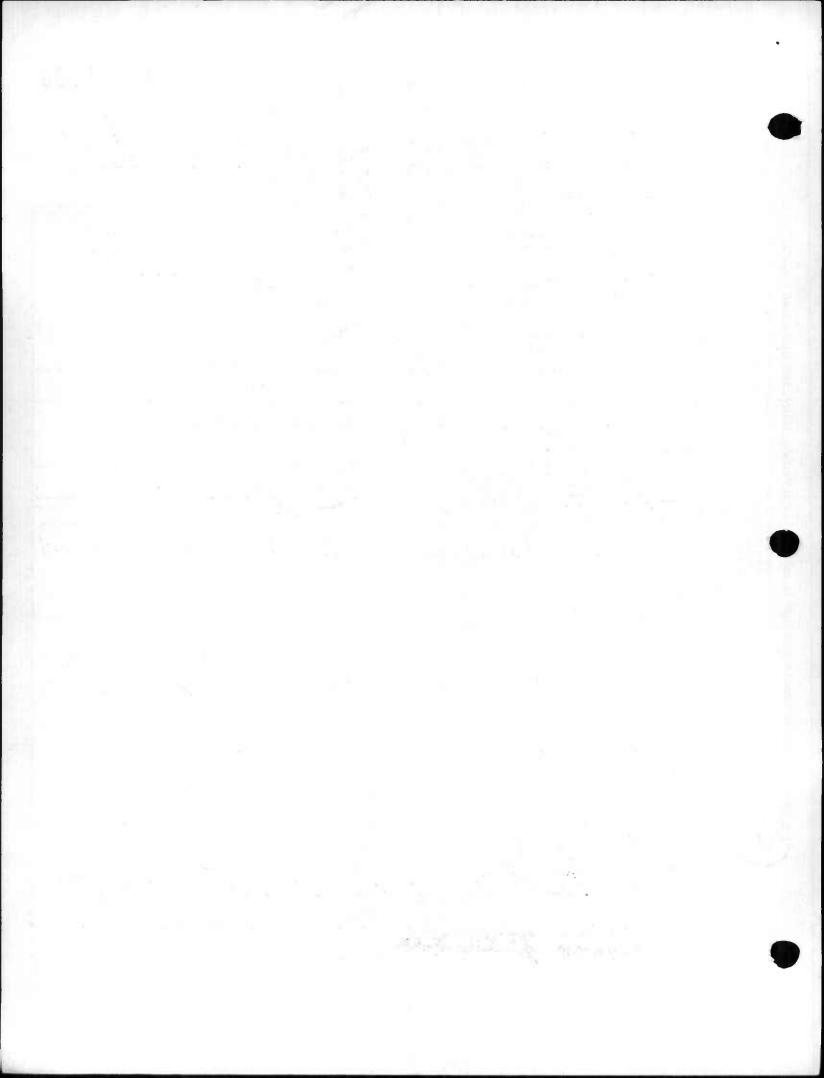
	t. Pages 1, 2, 3 should	
telium priyatelali.	CLODE. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should permit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
arred by the magnitud of a	hould be detached for us	ifled at once.
THE PROPERTY IN THE INTERIOR WIND THE PROPERTY OF THE PROPERTY	funeral director, page 5 s	1 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
IOUR CINOU + 7 IMPIN DO	CODE: After this certificate has been signed by the attending physician and completely filled in by the finance again that his state Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	event, the medical e
cetti comincete de aveces	attending physician and c ttal Hygiene prior to buria	y, or other traumatic
c law lequiles tilat the o	has been signed by the Dept. of Health and Mer	1 23 shows eny injur
ENGING PHISICIAN. IN	The After this certificate	I is marked, or item
ē	日東	2

	FOR 1 - STATE REGISTRAR	STATE OF MAF			OF HEALTH AND	MENTAL HYGIEI	NE -	30 31708			
	1. DECEOENT'S NAME (First, Middle, Last) JAMES A. KELLY, S	SR.				2. DATE OF DEATH MONTH		YEAR SOSP M			
	4. SOCIAL SECURITY NUMBER 219-07-9266	1 € M 2 🗆 F 7	AGE (In yrs. lest birthday) 7 5 VRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) NOV . 21,	1914 N	ARYLAND			
TOR	90. FACILITY NAME (If not institution, give st FALLSTON GENERAL RESIDENCE OF DECEDENT			PALLS	TON	EATH	9c. COUNT HARF	Y OF DEATH DRD			
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND			Y, TOWN DR				10d. INSIDE CITY LIMITS? 1 A YES 2 NO			
ERAL	3555 JUNEWAY				101. ZIP CODE 21213		U.S.A	EN OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	If y	B DECENDENT OF HISPAI re, specify Cuben, Mexico J YES 2 NO Specif	nn, Puarto Rican, etc.)	es or No— 1	4. RACE — American Indian, Black, White, etc. Specify: VHTTE			
COMPLETED	15, OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the, Do NOT u	work done duri se retired.)	JPATION ng most of working	ESSKA		STRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) JAMES KELLY 18. MOTHER'S NAME (First, Middle, Melden Surname) MARY SCHUSSLER										
TO B	19a. INFORMANT'S NAME (Type/Print) WINIFRED A. KELLY (WIFE) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State 210 Code) 3555 JUNEWAY, BALTIMORE, MARYLAND 21213 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of commetery, crematory or 20c. LOCATION — City or Town, State										
	20s. METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Hammed Company Buriel 2 Other (Specify)	Marco Martina III	other piace)	OF FAI	TH CEMETER	Y BAI		ty or Town, State E, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LIC	All			me and address of fa IMUNEK FUN 5 BELAIR R		INC.	MARYLAND 21236			
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximata Interval Between Onset and Death Of CSLON BULL TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):										
MEDICAL	PART II. Other algorificent condition	e contributing to dea			ASTA SE		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFEREND TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH (C/						
	1 YES 2 NO 27. MANIFER OF DEATH 1 Netural 8 Pending	26a. DATE OF INJI (Month, Day, N	URY 285. TI	ME OF 21	g Home 5 Residence Ic. INJURY AT WORK? 1 YES 2 ND	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	URED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INbuilding, etc.	JURY — At home, farm, (Specify)			28f. LOCATION (Street City or Town, State	t and Number o	r Rural Route Number,			
BECOMPLETED					e, date and place, and du			d. cause(s) and menner as stated.			
TO BE'C	SIGNATO (Moran, Day year)										

DR. JOAN EDWARDS, 2112 BELAIR ROAD, FALLSTON, MARYLAND

DHMH-16 Rev 1/89

31. DATE FILED (Mon

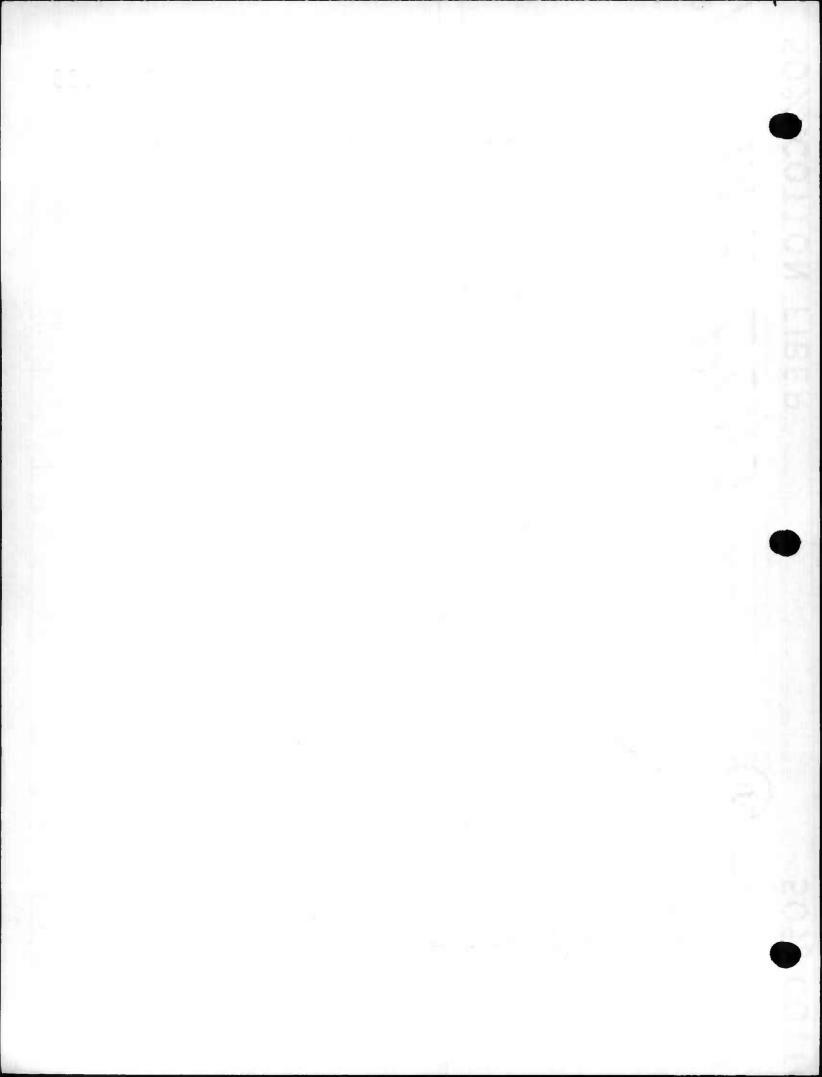


SCIAN: The law requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDED VISION TO THE FINESPAL DIRECTS: ATTENDED BE filed within 72 hours that calls were

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	ARCH	IE LEWIS	CAIE	F DEATH	REG. NO		3. TIME OF DEATH	
	ARCHIG	/				MONTH D	9 9	AR BETWEEN	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEA	IR IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (State or Fores	
	550-16-3329		31 YRS.	MONTHS DAY		MARCH 18, 1	909	KENTUCKY	
٠.,	Sa. FACILITY NAME (If not institution, give a		71	9b. CITY TOW	/N OR LOCATION OF D		9c. COUNTY		
H	307 MARYDELL ROAD			BALT					
DIRECTO	RESIDENCE OF DECEDENT						11		
H	10a. STATE 10b. COUNT	Υ	10c. CIT	, TOWN OR LO				10d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER			BAI	LTIMORE			1 X YES 2 N	
FUNERAL	307 MARYDELL ROAD				2122	20		S.A.	
NE S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS		NIC ORIGIN? (Specify Ye		RACE American Indian.	
	1 Never Married 2 📉 Married	FORCES? 1 YES	2 NO	If yes	, specify Cuben, Mexic YES 2 7 NO Specif	an, Puerto Rican, etc.)		Black, White, etc.	
BY	3 Widowed 4 Divorced				X	·		WHITE	
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of v	rork done during	ATION most of working	16b. KIND OF BU	SINESS/INDUST	TRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	MACHINI:			BALTIMO	מדים ממו	137	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		MACHINI	31	1				
_	HARRY LEWIS			18. MOTHER'S NAME (First, Middle, Meiden Surneme) MOLLY DAVIS					
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Stre		Route Number, City or Tox	m. Stata. Zip Cor	rie)	
5		EWIS (WIFE)	- 92 PM-P2PP-			LTIMORE, MA			
	20a. METHOD OF DISPOSITION	2	Db. PLACE OF DISPOS		cometery, cremetory or		CATION - City		
	1 Burial 2 Coremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	METRO CRE	MATORY		CA	TONSVI	LLE, MARYLA	
	21. SIGNATURE OF FUNERAL SERVICE U	CENSEE		22. NAMI	E AND ADDRESS OF FA	ACILITY	TOTE	FUNERAL HOM	
	* SUNDA /A.	Watero						ILLE, MD.21	
	23. PART L Enter the diseases, or	complications that caus	ed the deeth. Do r						
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	each line.					Interval Bet Onset and I	
		· Myor	IRDIAL	INF	MCTICA			2 DAY	
	resoning in county	DUE TO (OR AS	A CONSEQUENCE OF	7:	7				
		b							
Z	Sequentially list conditions		A CONSEQUENCE OF						
NOIT	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS		-):					
CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	c							
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING	c	A CONSEQUENCE OF						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	eDUE TO (OR AS	A CONSEQUENCE OF	j :					
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July 32. REGISTRAR'S SIGNATURE

31. NUV 2 0 1990



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL (TO THE FUNERAL D	IMPORTANT: If I

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EXAMINER? YES 2 NO Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									1 YES 2 NO
EXAMINER? YES 2 NO						_			
1 YES 2 NO 1 Inpetiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 29b. TIME OF NJURY AT YORK? 1 YES 2 NO NJURY OCCUREO 28a. PLACE OF INJURY At NURSING HOW INJURY OCCUREO NJURY AT YORK? 1 YES 2 NO NJURY OCCUREO 28a. PLACE OF INJURY At NJURY AT YORK? 1 YES 2 NO NJURY OCCUREO 28a. PLACE OF INJURY At NJURY At NJURY OCCUREO NJURY OCCUREO 28a. PLACE OF INJURY At NJURY AT YORK? 1 YES 2 NO NJURY OCCUREO 28a. PLACE OF INJURY At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28a. PLACE OF INJURY AT YORK? 1 YES 2 NO NJURY OCCUREO 28a. PLACE OF INJURY AT NJURY AT YORK? 1 YES 2 NO NJURY OCCUREO 28d. DESCRIBE HOW INJURY OCCUREO 28d. LECRIT HOW INJURY OCCUREO 28d. DESCR					LACE OF OEATH (C	neck only one)			
Month, Dey, Year) INJURY WORK? YES 2 NO					ne 5 🗆 Residence	8 🗌 Other (Sp	ecify)		
1 Manual Substitute Su	27. MANNER OF DEATH		28b. TIME O	F 28c. IN.	JURY AT	28d. DESCRIE	BE HOW INJURY	OCCUREO	
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHÖ COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29c.	lawasta atta	(Month, Dey, Year)	INJUH						
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 S FRAN (CCIN SO - DR BACTIMORE MORE) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	2 Decident			et, factory, offic	De	281. LOCATIO	N (Street and Nun	nber or Rural	Floute Number,
(Check only 1 Check only 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 2 6 2 0	- Octability De	building, atc. (Spe		ma		City or To	wn, Siele)		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE		CIAN: To the heat of my know	viedge, death accurred -	t the time det	and place and du	to the council	and manner co	stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D 22620 11-20-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9105 FRAN (CCIN SO-DR BACTIMERE MD 21237) 31. DATE FILED (Month, Dey, Your) 32. REGISTRAR'S SIGNATURE	CONSCR ONLY								(a) and menner as stated.
30. NAME AND ADDRESS OF PERSON WHÓ COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9105 FRAN (CCIN SO - DR BACTIMORE MO 21237 31. DATE FILED (Monith, Day, Year) 32. REGISTRAR'S SIGNATURE									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9105 FRANICCIN SO. DR BACTIMORE MO 21237 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	296. SIGNATURE AND TITLE OF CERTIFIE	0000	(V = 1		The second second		29d. I		
9105 FRANICCIN SO. DR BACTIMORE MD 21237 31. DATE FILED (Morith, Day, Your) 32. REGISTRAR'S SIGNATURE			`		0 22	620		11-	20-10
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE					C 110	-2.1	2 0 =		
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110 4 C II 1930 Baumanatan 12-16-20	NOV 2 0 1990	guia Davidson	- Mandall						

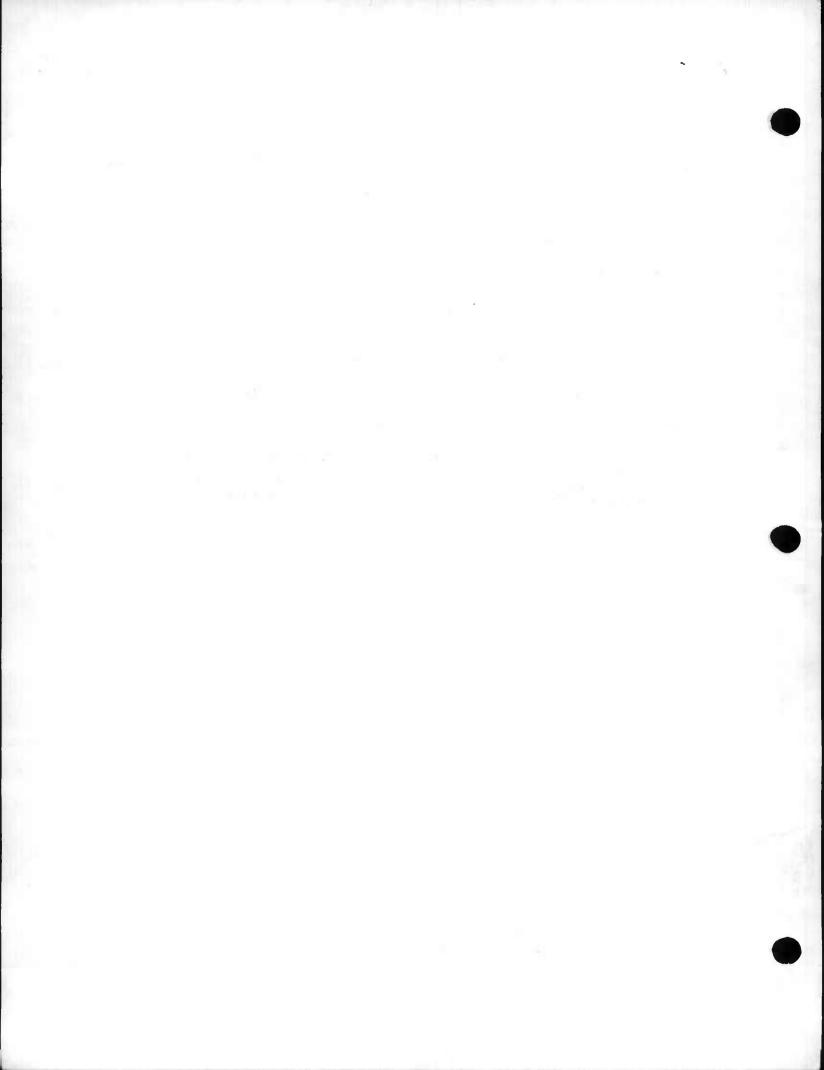
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	12/25		· · · · ·		2. DATE OF MONTH	DEATH DAY	YEA 90	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, P		8. BI	IRTHPLACE (State of Foreign
	212-05-2693	1 🗆 M 2 🖫	8 Y YAS.	ITHS DAYS	HOURS MIN.	3/	17/06		MD
E	9a. FACILITY NAME (If not institution, give stress St Joseph H	eet and number)	96	-	SON	ATH	90,0	COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 108. COUNTY	ospiral	40. 0000 00	OWN OR LOCATI				Da	1101
	ALO B	Ito		0005					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	~ .		-	ZIP CODE	. /	10g.	CITIZEN (OF WHAT COUNTRY?
MER	Stell Maris	TOWSON	MD		2120)4		U	LSA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yes, spe	ENDENT OF HISPAN cify Cuban, Mexican 2 NO Specify	n, Puarto Alc:	Specify Yes or No an, etc.)		RACE — American Indian, Black, White, etc. Specify:
	3 Widowed 4 Divorced				**	no			White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos		18b. Ki	IND OF BUSINESS	INDUSTR	RY
	12	College (1-4 or 5+)	B G & E	Co.		В	G & E	Co.	
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI				
W	John Ludloff 198. INFORMANT'S NAME (Type/Print)		195 MAILING AD	DRESS (Street a	Phil nd Number or Rural F		oi Fres		p)
임	Joyce Thelma Fo	ox	8634 B	ali Ro	l. Elli	cott	City, N	1D 2	1043
	20a. METHOD OF DISPOSITION 1	val from State	other place) Du		Valley		20c. LOCATION		or Town, State
	21, SIGNATURE OF FUNEAUL SERVICE LICE	ENSER		22. NAME AN	D ADDRESS OF FAMOUNDS	CILITY			
	Jahn 6	don			521 Loc				21204
	23. PART I. Enter the disesses, or conshock, or heart failura. L. IMMEDIATE CAUSE (Finel disesse or condition resulting in desth)	ist only one cause on e	ach line.		te of dying, auch			y arreat,	Approximate interval Between Onset and Death
NO	Sequentially list conditions,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONSEQUENCE OF):						
PAT	if sny, laading to immediata cause. Enter UNDERLYING	DOE TO (ON AS)	CONSCOURNCE OF).						
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):						
		l							İ
SA	PART II. Other algnificent conditions	contributing to death t	out not resulting in t	ha underlying	cause given in		PERFORMED?		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED									1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (Ch	eck ank one)			
SICI	EXAMINER?	HOSPITAL:	patient 3 DOA 4	THER:	8 Residence		Specify)		
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	RK?	28d. DESC	RIBE HOW INJUR	OCCURE	ED
BY	2 Accident Investigation	28e. PLACE OF INJURY	Y — At home, farm, stre-		ES 2 NO	28f. LOCAT	ION (Street and No	imber or R	tural Route Number,
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe		.,,			Town, State)		
COMPLETED	noni en	CIAN: To the best of my known:							use(s) and menner as stated.
ш	280. SOMATURE AND VITLE OF CENTRAL	21/1/2			29c. I CENSE NUI	MBER	29d	DATE SIC	SNED Month, Day (1949)
TO B	SO, MAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF DI	EATH ATTEM 273 (Time De	مهما	1151	6)	/	//	1111-11
	Gerard &	ulhi	SF Ju	DI-ph	1 Ho	Spil	1	ton	su M
	NOV 2. 0.1990	32. REGISTRAR'S SIGN	Mandale.	U		U			

BALTIMORE, MARYLAND 21203-3146

VISION OF VITAL RECORDS, P.O. BOX 13146,

THE ATTENDING PHYSICIAN. The law maples that the death certifician he encound within chindren after death. Page 6 may be retained by the hospital or attending physician.	DISCOUNT AMENTS AND THE TAS SENDERED HAS DESCRIBED BY THE STREET OF THE PROPERTY OF THE PROPER	thinks 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ad within	completely f	event, th
to erecut	ican and o	traumatic
n certifican	ending phyl Hygiene p	or other
The dea	by the std and Menta	Injury.
pares tha	Health a	ows any
100	tus bee Dept. of	23 sh
MR The	Micate 6 State	or Hem
PHYSIC	Mile Cer	rked,
SWING	R. After or death	is ma
B ATTE	BE	28
	基系	2

	1 - STATE REGISTRAR		STATE OF M					EALTH AND	MENTAL	HYGIEN REG. NO.	_		
4	1. DECEDENT'S NAME (First, Middle		TVO						MONTH	OF DEATH	NY.	YEAR	3. TIME OF DEATH
	PEARL IMOGES 4. SOCIAL SECURITY NUMBER			8. AGE (In yrs. la	et hirthrims	IF UNDER	4 VEAD	IF UNDER 24 HRS.	NOV	OF BIRTH	5	990	PLACE (State or Foreign
	214-56-1710	1	□ M 2 🗓 F	98	YRS.	MONTHS	DAYS	HOURS MIN.	At at B Mari				
	9e. FACILITY NAME (If not institution	n, give street	and number)			9b. CITY	, TOWN C	R LOCATION OF D	EATH		9c. COUR	NTY OF D	EATH
	North Arundel	l Hos	pital			G1	en l	en Burnie Anne Arun					ındel
		COUNTY	rundel		10c. CI1	TY, TOWN O	ern	TON					10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
	10e. STREET AND NUMBER	me A	runder			26/		. ZIP CODE			10a, CITI	ZEN OF V	HAT COUNTRY?
	1411 Arch	Dd						21144			51	S.A.	
	11. MARITAL STATUS		. WAS DECEDENT	EVER IN U.S. A	RMED	13.		ENDENT OF HISPA	NIC ORIGIN	? (Specify Yes			— American Indian.
	1 Never Merried 2 Merrie 3 X Widowed 4 Divorced		FORCES? 1	YES 2 X			If yes, sp	2 PNO Specif	en, Puarto F				, White, atc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							DN st of working	18b.	KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	(College (1-4 or 5 +) Im						•			
	8th 17. FATHER'S NAME (First, Middle, L	l nath	None		Hom	emake	er	40.000			Home	2	
								18. MOTHER'S NA			Surname)		
	Oscar R. Gibs				nh. Bancon	0.100	0 /0	Anna E			- 0: : =	0.11	
				15				nd Number or Rural	Floute Numb	oer, City or Tow	n, State, Zip	Code)	
	Elizabeth P.	Sto	ne			Same							
	20e. METHOD OF DISPOSITION 1 🖾 Burlel 2 🗆 Cremetion 3		I from State	other p	riece)			metery, cremetory or	1-		CATION —	City or To	
	4 Donetion 5 Other (Special Signature of Funeral Series)		SEE	NIC	nois			U.M. Chu			enton		,Md.
	1 / 2	Ava	Me					gleton F				nie.	Md. 21061
	23. PART I. Enter the disease	es, pr con	nplications that	ceused the d	eeth. Do								Approximats
	shock, or heart f	ellure. Lia	t only one cau	se on each lin	211	1		, .		•			Interval Between Onset and Death
	disesse or condition reaulting in death)	8	DIE TO	OR AS A CONS	FOLIENCE	00:							
		- h	DOE TO	OH AS A CONS	The state of the s	> (21	110					
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		DUE TO	OR AS A CONSE	EOUENCE (OF):							
	CAUSE (Disesse or Injury that initiated events	C	DUE TO	OR AS A CONSE	EQUENCE (OF);							1
	resulting in death) LAST	d.				·							
	PART II. Other algnificant co	nditions	contributing Pa	death but not	requities	In the	ndariula	a cause alver la	Part I	24s. WAS AN	ALITOREY	201	WERE AUTOPSY FINDINGS
			2010	-year not not	Parising.	, u. u	yifi	a carete Atten II		PERFO	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				>						1 TYES	2 🗌 NO		OF DEATH?
	-												1 YES 2 NO
	25. WAS CASE REFERRED TO MED	DICA!					20 0	LACE OF DEATH (C	hank anti-c				
	EXAMINER?	F	IOSPITAL:			OTHE	R:			<u> </u>			
	1 YES & NO	1	28e. DATE OF		3 DOA 28b. Tt			ne 5 Residence	_	r (Specify)	IN HIRW CO	CHRES	
	Natural 5 Pendi		(Month, De		200. 11	IME OF NJURY M	W	URY AT ORK? YES 2 NO	260. DE	WGH 3bino	INSURT OC	COMED	
	a Devista	igation	28e. PLACE O	F INJURY At I	ome, farm.	, street, fec			28f. LOC	ATION (Street	end Number	r or Rural	Route Number,
	4 Homicide 8 Could		building,	etc. (Specify)	72.7					or Town, State			
MrcLuc	29a. CERTIFIER (Check only	G PHYSICIA	N: To the best of	my knowledge, o	death occur	rred at the	time, date	end place, and du	e to the ca	use(e) end ma	nner as sta	rted.	
3	onel	EXAMINER:	On the basis of ea	amination end/o	r investigat	tion, tn my	opinion,	Seath occured at th	e time, date	end place, e	nd due to t	he ceuse(e) end menner as stated.
7	29b. SIGNATURE AND TITLE	Oll	100	12	1.16),		29c CIGENSE NL	MBER 5	28	29d, DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PUR	SON WHO	COMPLETED CAUS	SE OF DEATH (IT	EM 27) (7)/F	pe, Print)				J			100
	21 DATE EN ED GALLES DE LA	-(-	I sa menero	No cionia									
1	NUV/2 0 19	990	Julia Da	ndson-Ac	ndede								



TO THE MONTHS OF MITSHONG PHYSICIAN: The law requires that the death certificate be executed within 10 The Fulles of the certificate has been signed by the attending physician and commission be fined with 72 months and 20 months have a fine or the certificate and 20 months and 20 months and 20 months and 20 months and 20 months are a fine or the certificate and 20 months and 20 months are a fine or the certificate and 20 months are a fine or a fine or the certificate and 20 months are a fine or the certificate and 20 months are a fine or the certificate and 20 months are a fine or the certificate and 20 months are a fine or the ce

30. NAME AND ADDRESS OF PRINCIPLE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

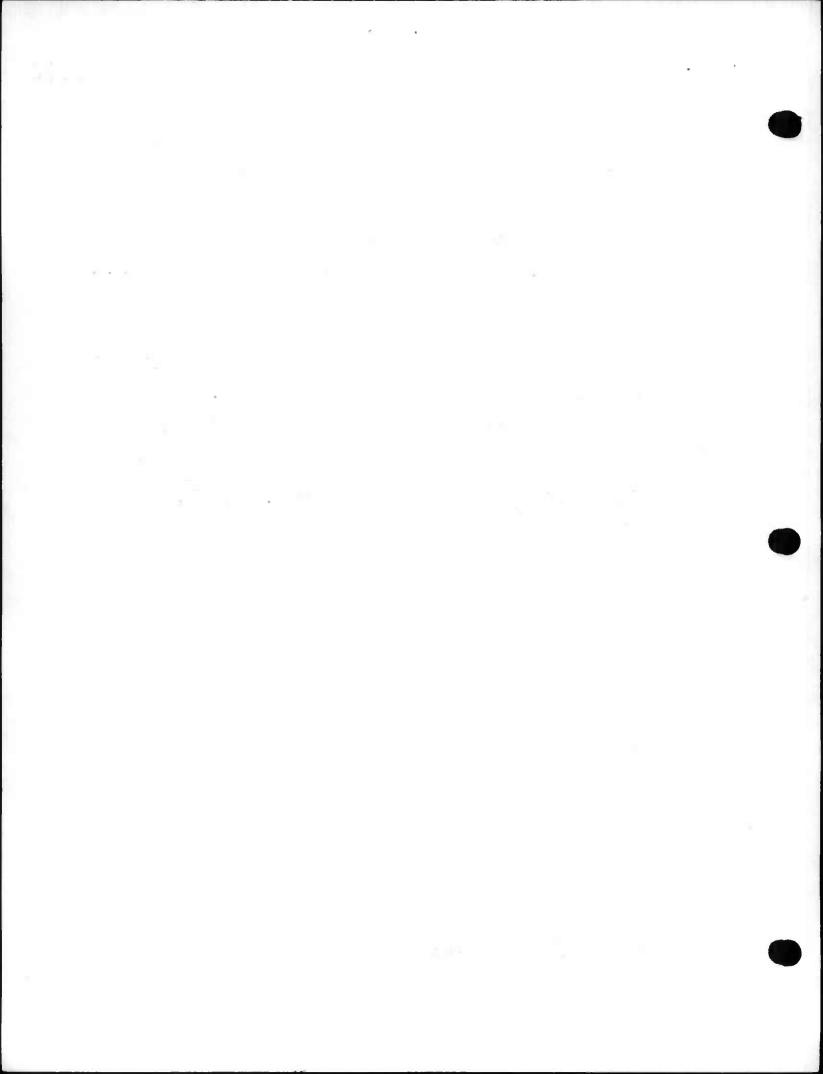
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN	E	0 0171			
	i	1. DECEDENT'S NAME (First, Middle, Lest)	310i6				2. DATE OF DEATH DA	Y YEAT				
P		4. SOCIAL SECURITY NUMBER 2 17-16-7038		in yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTN (Month, Day, Year)	8. Bill Co	RTNPLACE (State or Foreign unity) 1 ACYLA NO			
2, 3 should	стоя	DEATON HOSPIAL	96. FACILITY NAME (If not institution, give street and number) DENTON HOSPITAL SI MODITAL CENTER BALTO, M.D. RESIDENCE OF DECEDENT BELLITY NAME (If not institution, give street and number) Ballo City									
Pages 1,	DIRECT	10s. STATE 10b. COUNTY	Salto City		TY, TOWN OR LOC Balto C:				10d. INSIDE CITY LIMITS? 1 XXES 2 NO			
sit permit	FUNERAL	10e. STREET AND NUMBER 3019 Mardel A		<u></u>		01. ZIP CODE 21230			U.S.A.			
the burial-transit permit. Pages 1, 2,	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Maxica ES 2 100 Specify		8	ACE — American Indian, lack, White, atc.			
ned for use as	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of	s usual occupa work done during in use retired.)		16b. KIND OF BUS	BINESS/INDUSTR	Y			
d be detact	E COMPI	17. FATHER'S NAME (First, Middle, Leat) Charles William Leidig 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edith M. Lay										
e 5 should notified	TO B	Pebble Rumble & Wanda Jacobs 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 72 Carroll View Westminster, MD 211										
rector, page must be		20e NETNOD OF DISPOSITION 1 Aurial 2 Cremation 3 Remo	oval from State	other place) WOC	dlawn C	emetery, crematory or emetery	Wo	cation — city of odlawn,	MD			
e funeral di J. examiner		21. SIGNATURE OF HUNEFIAL SERVICE LIC	Bugger D	lens	22. NAME	AND ADDRESS OF FA	· BURGEE · Baltimor		FUNERAL HOME 21211			
completely filled in by the funeral director, page 5 should be detached for rial, cremation, or removal. c event, the medical examiner must be notified at once.		IMMEDIATE CAUSE (Fine)	complications that coused List only one cause on e	ech line.				ratory errest,	Approximete interval Between Onset and Death			
ending physician and Hygiene prior to bur or other traumati	ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
een signed by of Health and shows any in	MEDICAL C	PART II. Other eignificent condition Truckerston distance	a contributing to deeth to		in the underly	ing cause given in	Pert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO			
State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C)						
this with	ву рну	27. MANNER OF DEATH Netural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. T	ME OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D			
After After Annual Asset In mar	EXED B	3 Suicide 6 Could not be 4 Homicide determined	20a. PLACE OF INJURY building, atc. (Spe		, street, factory, o	ffica	281. LOCATION (Street City or Town, State)		rel Route Number,			
要	OMPLI	one)	CIAN: To the best of my know						ise(e) and menner as stated.			
TO THE PUT De filed with	O BE C	296. SIGNATURE AND TITLE OF CENTIFIES	llea no	~D.	`	29c. LICENSE NU	MBER 7458	29d. DATE SIG	NED (Month, Day, Year)			

32. REGISTRAR'S SIGNATURE

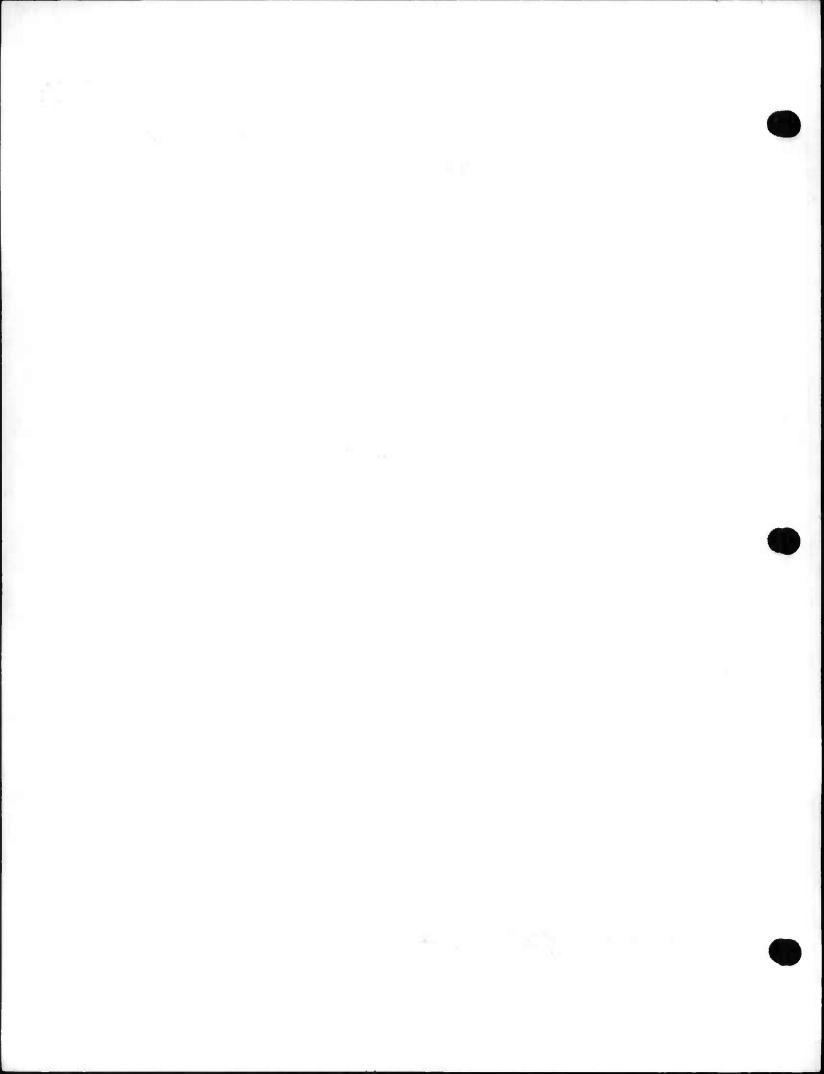
Davidson-Randall

DHMN-16 Rev 1/89



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A	ECIT	s af	n 21
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR		STATE OF MA		O DEPAR CERTIF					IENIA	REG. NO.	E	90	31/14
	1. DECEDENT'S NAME (First,	74	1					2. OATE OF OEATH DAY YE			3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 237-40-0						t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DÂTE OF BIRTH (Month, Day, Ybar) 11/11/18			Country)	RYLAND
	9a. FACILITY NAME (If not institution, give street and number)							R LOCATIO		ATH	/ 11/ 1	NTY OF OE		
POT:	CHUERCH		BALTIMORE CITY											
DIRECTOR	MD.	10b. COUNTY	1			BALTIMORE CITY								10d. INSIDE CITY LIMITS?
	104 STREET AND NUMBER		WT.T.		ZIP CODI				10g. CITI		1 🔀 YES 2 🗌 ND			
FUNERAL	200 AISQUITH ST. APT. 5-F					21202							USA	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 WA IF YES, GIVE WAR OR DATES			(VNO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:						14. RACE Black, Specify	- American Indian, White, etc. BLACK		
田	(Specify only highest grade completed) (Gir				(Give kind of	EEDENT'S USUAL OCCUPATION we kind of work done during most of working Do NOT use netired.) 16b. KIND OF BUSINESS/INDUST DO NOT use netired.)							DUSTRY	
COMPLETED	I Elementary/Secondary (0-12) College (1-4 or 5 +)					DMESTIC								
BE CON	17. FATHER'S NAME (First, Middle, Lest) SAM P. BARRON						16. MOTHER'S NAME (First, Middle, Malden Surname) LIZZIE POOLE.							
10	194. INFORMANT'S NAME (7)							MORE,			217			
	20s. METHOD OF DISPOSITION 1A Deurial 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)					n Ceme	Cenetery 20c. LOCATION - City or Town, Start CEMETERY BALTIMORE, N							
	21. SIGNATURE OF FUNERAL		22. NAME AND ADDRESS OF FACILITY								,			
_	▶ alor	n L.	Wille		t and to the	_								ORTH AVE.
										interval Between Onsat end Death				
_		NSEDUENCE C						RITONITIS						
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (DR AS A CONSEDUENCE OF): RUPTURED GASTRIC ULCER													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE 16 (OR AS A CONSEQUENCE DP):													
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceues given in Part i. 24s. WAS AN AUTOPSY PERFORMED?											WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICAL			-	1 TYES 2 NO OF					COMPLETION OF CAUSE OF DEATH?					
W.	1 YES 2										1 TYES 2 NO			
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOŞPITAL:			OTHER		ACE DF D	EATH (Chi	ock only o	ne)			
HYSI	1 TYES 2 THO 27. MANNER OF DEATH		DOA 4 Nursing Home 5 Residence 28b. TIME OF 28c. INJURY AT				6 Other (Specify) 26d. DESCRIBE HDW INJURY OCCUREO							
ВУ Р	1 Natural 5 1 2 Accident		INJURY WORK? M 1 YES 2 ND			ND								
	3 Suicide 6 Could not be determined 26a. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State) 26f. LDCATION (Street and Number or Rural Route Number, City or Town, State)										oute Number,			
COMPLETED	29a. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												and menner as stated.	
BE CC	29b. SIGNATURE AND TITLE OF CENTIFIER						29c. LICENSE NUMBER					29d. DATE SIGNED (Month, Day, Year)		
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM					a Print)		▶ /1/17/90					190'	
	CHURCH HOSPITAL 100 N. Broadway, 18HETTY. M.D.													
	31. DATE FOLES (MOTO), OF 1	990	Julia Davido	R'S SIGNATU	riele.									

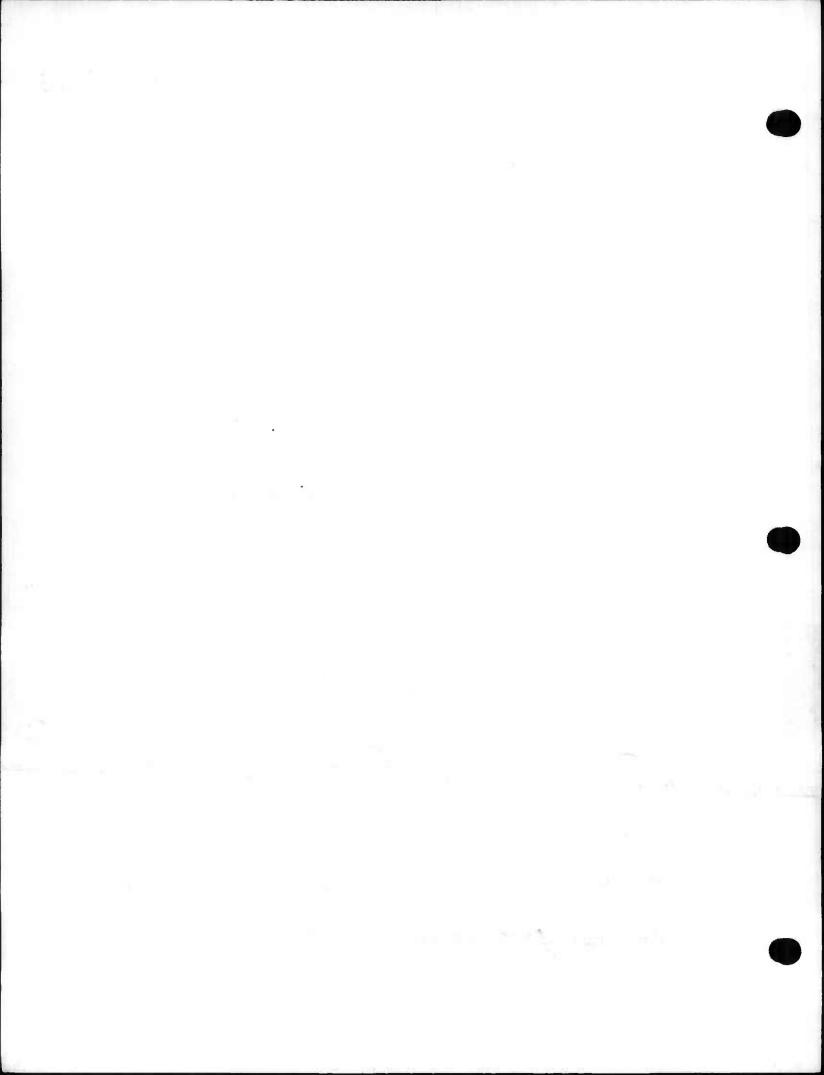


TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE ELEVISORY, Day, 198790

33. REGISTRAB'S SIGNATURE
GIMA DAVIDSON-RANDABLE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND	MENTAL HYGIEN	E J(31715						
	1. DECEDENT'S NAME (First, Middle, Last)	nckemi)			2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATN						
	4. SOCIAL SECURITY APMBER 25. — 6.—3.794 96. FACILITY NAME (If not institution, give str	S SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) PRS. 8. BIRTHPLAC Country) 9b. CITY_TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH												
TOR	Community Care	Sempuents fore Asg Facility Baltimore												
DIRECTOR	100. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	timore C	i t.v		10d. INSIDE CITY LIMITS? 1 1 VES 2 NO						
	10s. STREET AND NUMBER	to St.	101. ZIP CODE 21.21	V	10g. CITIZEN O	F WHAT COUNTRY? USA								
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	ACE — American Indian, lack, White, etc.										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY													
	17. FATHER'S NAME (First, Middle, Last) Edward Watkins 18. MOTNER'S NAME (First, Middle, Melden Surname) Eliza Watkins													
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str		Route Number, City or Tow)						
5	Karen Brogden		3000	Norn	nount Ct.	. Baltimo	re, MI	21216						
	20s. METHOD OF DISPOSITION 1													
1 10	21. SIGNATURE OF FUNERAL SERVICE LICE	O Dy e	ut					eral Home nue 21207						
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heaft failure. List only one cause an each line. Approximats interval Batween													
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary artery disease.													
_	_	DUE TO (OR AS A CONSEQUENCE OF): PEPT C VICES ANSES SE												
TION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE C		2 1-03/A Carling									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO												
CER	- Conting the cooling and cooling and cooling the cooling the cooling and cooling the cool	1. 9.10	PRE	71	Ind It	mus.								
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions	s contributing to death but	not resulting	In the under	lying ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)								
ΗXS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie	28b, TII	4 Nursing	Nome 5 Residence	6 G Other (Specify) 28d, DESCRIBE NOW INJURY OCCURED								
BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	WORK?	NO								
8	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory,	office	2af. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.													
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Typ	e, Print)										



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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	and the second second second second by the second s
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	DING	A 64
	ATTEN	-
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYL			TMENT				MENT	TAL HYGIEN)	0 3171	
	1. DECEDENT'S NAME (First, M	ticido I pat)					IOATE	- 01	DEA		2 0/	TE OF DEATH			3. TIME OF DEATH	
							10.					MONTH DAY YEAR				
	MARY CHRISTINE BRENGLE MO											VEMBER_	13, 1	990	3:00p M	
			1 M 2 X F	o. Aut (YRS.	MONTHS	DAYS	HOURS	MIN.	(M	7. DATE OF BIRTH (Month, Day, Year) DECEMBER 25,19		Countr	Country)	
	9a. FACILITY NAME (If not instit	tution, give str	reet and number)				9b. CITY	, TOWN	R LOCAT	ION OF DE	EATH		9c. COU	INTY OF D	EATH	
DIRECTOR	NIH, THE CLINICAL CENTER					BETHESDA, MARYLAND						ND	MONTGOMERY			
Ĕ.	10e. STATE 1	IOb. COUNTY				10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	VIRGINIA	LOU	ISA			MIN	ERAL								1 TES 2 NO	
FUNERAL	10e. STREET AND NUMBER							101	ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
띮	RT 1, BOX 35	0							2311	17			Ţ	JSA		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER II	N U.S. ARI	AED						GIN? (Specify Ver	s or No-	14. RACE	E — American Indian, k. White, etc.	
BY F	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WI							If yes, specify Cuben, Mexical 1 YES 2 X NO Specify					10.5	Specify: WHITE		
8	15. DECED (Specify only h	DENT'S EDUC			16a, DE0	EDENT'S	USUAL O	CCUPATH	ON at at work	in a		16b. KIND OF BU	SINESS/IN	DUSTRY		
ᇤ	Elementary/Secondary (0-12	- T	College (1-4 or 5	+)	life. Do NOT use		work done during most of working use retired.)		ng							
릴	12				Dog	Gro	omer	& E	reed	ler	- 1	Self-En	nploy	ed		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)								18. MOT	HER'S NA		st, Middle, Maiden	_			
BE C	William Edward Rabbitt									Amy I	E11	iot				
5	19a. INFORMANT'S NAME (Ђр	e/Print)			19b	MAILING	ADDRES	S (Street a	and Numbe	er or Flural I	Floute N	lumber, City or Tow	rn, Statu, Zi	p Code)		
-	MR. HERB McK	ITTRI	CK (HUSB	AND)	R	T 1,	BOX	350), M	INERA	AL,	VIRGIN	IA 2	23117	7	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 4 Donation 5 Other (S	3 🗆 Remo	oval from State		other pla	ce)								City or To	own, State ania, VA	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE,							ESS OF FA			<u>DPO C.</u>	37140	ALLEA VII	
	> /1/a H	1	1 11					Mull	ins	& Th	omp	son Fur	neral	Ser	vice	
	Malle	Air	Inlle	1						ania						
												Approximete Interval Between Onset end Deeth				
	resulting in death) • . Kernel Haule										4 deus					
	DUE TO (OR AS A \$\$NSEQUENCE OF):												7			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):															
N.	ceuse. Enter UNDERLYIN	G														
Ē	CAUSE (Disease or Injury that initiated events		DUE TO	(OR AS	A CONSEC	UENCE C	F):		-							
F	resulting in death) LAST		d													
2	PART II Other elepificant	t condition	e contribution to	death I	but not n	egulting	In the w	nderivin	G CRUSA	alven In	Port	. 24a, WAS AF	AITTORY	241	. WERE AUTOPSY FINDINGS	
M	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?										MAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDICA												1 TYES	ST NO		OF DEATH?	
Z															1 YES 2 NO	
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SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHE	R:		DEATH (CA		•				
ΙΥS	1 TYES 2 TND		Inpatient 2		patient 3					tesidence	_	Other (Specify)	IN ILIEN O	COURED		
ву РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 29b. TIME INJU 29b. TIME INJU							W	NJURY AT WORK? YES 2 NO							
ED B	a pacionia					— At home, farm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
E	29s. CERTIFIER															
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.															
BE C	29b. SIGNATURE AND TITLE C	OF CERTIFIE	•			N	,			CENSE NU		▽/		TE SIGNE	D (Month, Day, Year)	

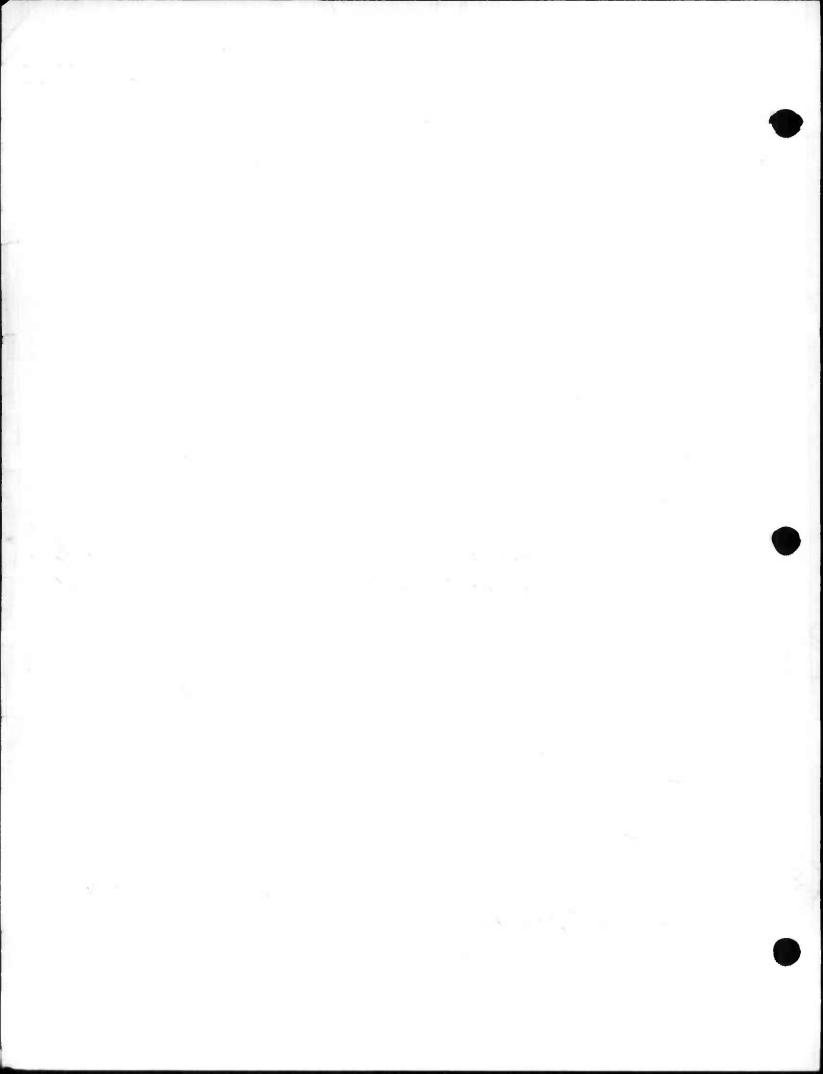
29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 ROCKVILLE PIKE. BETHESDA

20. NAME AND ADDITION OF A ADD 22. pedistrar's signature a handoon-frondalle

2



		FOR STATE REGISTRAR	STATE OF MARYL				HEALTH AND I DEATH	MENTAL	REG. NO.					
		1. DECEDENT'S NAME (First, Middle, Last) Florence	Bowen Masl	in				2. DATE	of DEATH DAY	90 Y	CAR	1:30 A M		
		4. SOCIAL SECURITY NUMBER 219-16-4082	1 🗌 M 2 🗍 F	in yrs. les 78	YRS. MO	UNDER 1 YEAR HITHE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH), Day, Year) 1-12		Country)	ce(State or Foreign altimore		
	TOR	90. FACILITY NAME (If not institution, give st Baltimore Cour		1 H			or Location of DE andalls			Balt		ounty		
	DIRECTOR	10e. STATE 10b. COUNTY	ltimore			own or Local						I. INSIDE CITY LIMITS? YES 2 NO		
	FUNERAL	100. STREET AND NUMBER 9921 Reisterstown Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 107. ZIP CODE 109. CITIZEN OF WHAP 21117 U.S.A. 11. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE.												
	В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2		If yee, s	CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify	n, Puerto F		or No- 14.	Black, WI Specify:	Amarican Indian, hite, etc.		
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S US ive kind of work Do NOT use re	done during m etired.)	nost of working	16b.	KIND OF BUS		TRY			
at once.		12. FATHER'S NAME (First, Middle, Lest) John Hunt Bo	owen. Ir.	LInv	vestm	ent B	18. MOTHER'S NA	ME (First, I			<u>stat</u>	e		
notified	TO BE	190. INFORMANT'S NAME (Type/Print) Robert S. Mas					end Number or Rural F		ber, City or Town	, State, Zip Co				
r must b		20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	other pl	ace)	idoe	emetery, cremetory or Cemeters AND ADDRESS OF FA	<i>7</i>		alto.				
examine		Henry W. Jenkins & Sons Co. 4905 York Rd. Balto. Md. 21212												
any injury, or other traumatic event, the medical examiner must be notified at once.			complications that cause List only one cause on e	ach line	rle			h ss csrc	flac or reapli	ratory erreat		Approximate Interval Between Onset and Death		
other traumatic	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A											
shows any injury, or	MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												
or Item 23 shows	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO 1 No Input lent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
marked, or	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		28b. TIME C	OF 28c. IP Y W	NJURY AT VORK? YES 2 NO		SCRIBE HOW IP	NJURY OCCUP	RED			
28 is	ETED	3 Suicide 6 Could not be determined 29e. CERTIFIER CONTROL NUMBER OF SUICIDE SUICIDES SUICIDE												
IMPORTANT: If item	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the tima, date and place, end due to the cause(e) and manner existed.													
IMPORT	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	(Winds 1	EATH (ITE	M . D		D20964				1-19	-90		

Ginsberg 8630 Liberty Plaza Hall
32. REGISTRAR'S SIGNATURE

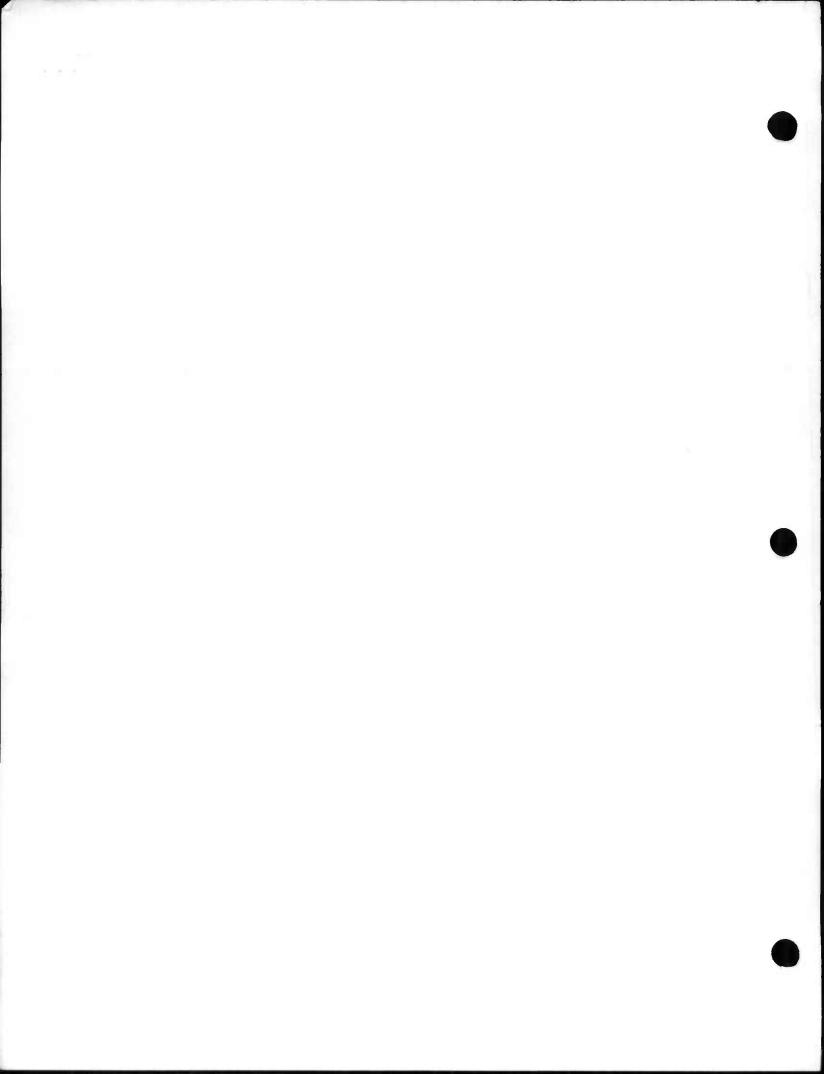
Lia Savidson-Roman

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jerome

NOV 20 1990

Randallstown Md21133



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	90	31718
CERTIFICATE OF DEATH REG. NO.		

3. TIME OF DEATN	REG. NO.		DEATH	ICATE OF	CERTIF			1 - STATE REGISTRAR					
	ATE OF DEATH DAY YES				Musgrov	Mildred M. M VS9	st, Middle, Last) •	1. DECEDENT'S NAME (FIRST,					
THPLACE (State or Foreign laryland	ATE OF BIRTH 8. B	7 DAT	IF UNDER 24 HRS	IF UNDER 1 YEAR MONTHS DAYS	n yrs. last birthday) YRS.			4. SOCIAL SECURITY NUMBER 212 18 868					
	9c. COUNTY O	OEATN		96. CITY, TOWN Colum	a l °:≉			9a. FACILITY NAME (If not in Howard Cou					
10d. INSIDE CITY			TION	Y, TOWN OR LOCA		1		RESIDENCE OF DEC					
LIMITS? 1 VES IN NO F WHAT COUNTRY?	10g. CITIZEN		. ZIP CODE	olumbia 			Howard	Maryland 10a. STREET AND NUMBER					
ACE — American Indian,	U.S	ANIC ORIC	21045		II S A SMED	AS DECEDENT EVER I		6150 Forelan					
white, etc.	rto Rican, atc.)	Ican, Puert	2 NO Sp	If yes, s	2 NO	ORCES? 1 TYES	Merried F	1 Never Merried 2 3 Widowed 4 Divo					
1	16b. KIND OF BUSINESS/INDUST	1		vork done during m	Me. Do NOT us		CEDENT'S EDUCATION The highest grade comple (0-12) Coll						
	rst, Middle, Melden Surname) e Wiles							17. FATHER'S NAME (First, M. John D M.					
	Number, City or Town, State, Zip Cod			ADDRESS (Street	19b. MAILING			19a. INFORMANT'S NAME (7					
5	umbia Md. 2104	Colu	t Lane	Overhea	6500		es	Blanche Mile					
Town, State	20c. LOCATION — City			nden Li	PLACE OF OISPO	om State	ion 3 - Removal fi	20a. METNOD OF DISPOSIT 1 3 Buriel 2 Crematic 4 Donation 6 Other					
	uneral Home IN					litaka		21. SIGNATURE OF FUNERA					
Interval Bety Onset and D				,	consequence o	CU diop Ir	heart feilure. List o	shock, of h IMMEDIATE CAUSE (Fig disease or condition resulting in death)					
	eare	dise	nuly	milhe a	consequence of consequence of the consequence of th		ediate YING jury c	Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju- that Initiated events resulting in death) LAS					
24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 DNO	I. 24a, WAS AN AUTOPSY PERFORMED?	In Part I.	g ceuse given	in the underlyli	ut not resulting	ntributing to death i	cent conditions cor	PART II. Other significa					
			LACE OF DEATH	OTHER:	a C BOA	SPITAL:	HQ	25. WAS CASE REFERRED T EXAMINER?					
	DESCRIBE NOW INJURY OCCURE	-	URY AT	E OF 28c. IN	28b. Tife	28e. DATE OF INJURY (Month, Day, Year)	27. MANNER OF DEATH 1 Thetural 5 Pending 280. DATE OF INJU (Month, Day, Ye						
ral Route Number,	LOCATION (Street and Number or R City or Town, State)				— At home, farm,	28e. PLACE OF INJUR building, etc. (Spe	3 Suicide 280. PLACE OF IN						
se(e) and manner as state	e cause(e) end manner as stated. date end place, and due to the ca							anal					
NED (Month, Day, Year)		GC2 9	29c, LICENSE			M	1/6/65	296. SIGNATURE AND TITLE					
	7. Mel	City	Kilcold	Print)	Center	APLETED CAUSE OF DE	PERSON WHO COL	30. NAME AND ADDRESS O					
Town, State 711e Md. City Approximate Interval Onset at 22 24b. WERE AUTOPSY AMAILABLE PRIOCOMPLETION DO FO DEATH? 1 YES 2 (1) Tal Ploute Number,	20c. LOCATION — City Letery Clarks Cuneral Home IN Pike Ellicott Cerdiac or respiratory arrest, 1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Other (Specify) DESCRIBE NOW INJURY OCCURE City or Rown, State) cause(e) end manner as stated. date and place, and due to the ca	Ceme FACILITY CE FU The Function of the time, description of the time,	g ceuse given LACE OF DEATH TO S Resident URRY AT JOHN JOHN	inton (Name of co. nden Li 22. NAME A Harry 4112 O not enter the m West F): Calcup In the underlyle 26. F OTHER: 4 Nursing Ho E OF 28c. In WM 1 street, factory, off ed at the time, det on, in my opinion,	PLACE OF OISPO- other place) Li the death. Do nother place) CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O LI The death occur of the death occur	DUE TO (OR AS CLASSE OF DILITAL: Impetent 2 = ER/Out SPITAL: Impetent 2 = ER/Out DUE TO F INJURY (Month, Dey, Year) PLETED CAUSE OF DI PLETED CAUSE OF DI PLETED CAUSE OF DI ACCOUNTY ACCO	TION for 3 Removal for (Specify) AL SERVICE LICENSEI AL SERVICE LICENSEI AL SERVICE LICENSEI AL SERVICE LICENSEI AL SERVICE LICENSEI AL SERVICE LICENSEI AL SERVICE LICENSEI AL SERVICE LICENSEI AL SERVICE LICENSEI B. SERVICE LICENSEI AL SERVICE LICENSEI AL SERVICE LICENSEI B. SERVICE LICENSEI C. SERVICE SERVICE C. SERVICE SERVICE TO MEDICAL HO TO MEDICAL EXAMINER: On AL SERVICE SERVICE COULD FERSON WHO COL	29. METNOD OF DISPOSITIAN Burlet 2 Cremetted 4 Donation 6 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the disposition of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock, of his medical part of the shock of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part of his medical part					

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DIVISION OF VITAL RECORDS, P.O. BOX 13146	HYSICIAN:
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u	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The la
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	. Pages 1, 2, 3 should			
	is the burial-transit permit			
	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		led at once.	
	funeral director, page 5 shu		ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	ompletely filled in by the	il, cremation, or removal.	event, the medical ex	
	attending physician and or	ntal Hygiene prior to buria	y, or other traumatic	
	has been signed by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 23 shows any injur	
	TOR: After this certificate	after death with the State	28 is marked, or iter	
200000000000000000000000000000000000000	TO THE FUNERAL DIRECTOR: After this of	be filed within 72 hours	IMPORTANT: If Item 28 is marke	The state of the s
				l

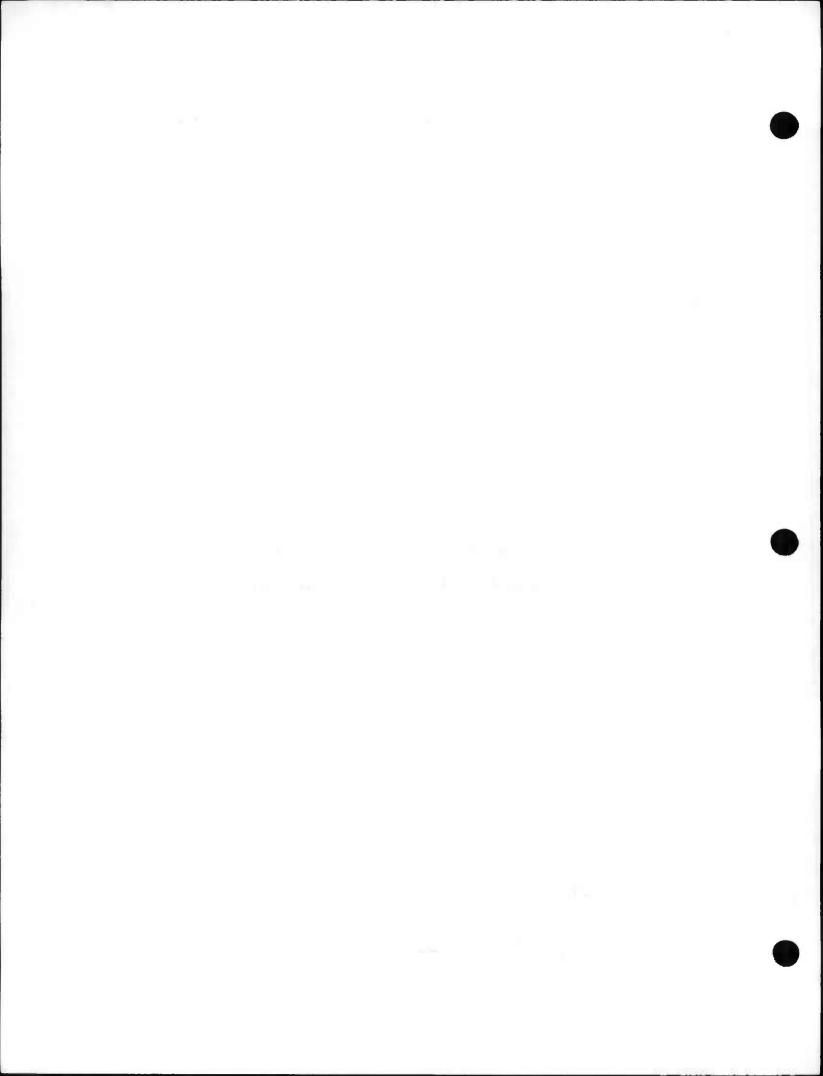
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE		30 31/1	
1	1. DECEDENT'S NAME (First, Middle, Last) Walter R.		Matth	eu		2. DATE OF DEATH NOV. 19		year 2:30am M	
	4. SOCIAL SECURITY NUMBER 217-05-8646		(In yrs. last birthday) 90 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 21	,1899	BIRTHPLACE (State or Foreign Country) MAryland	
OB	9a. FACILITY NAME (If not Institution, give str 2004 Oakland	Ave.			ddle R	ATH	9c. COUNT	of DEATH ltimore	
ן ב	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	ION			10d, INSIDE CITY	
DIRECTOR	Md.	Baltimore	e	M	iddle R	iver		1 YES 2 NO	
M.	10a. STREET AND NUMBER		Ì	10	. ZIP CODE	_	1	EN OF WHAT COUNTRY?	
FUNERAL	2004 Oakland	AVE .	NIIS ADMED	12 WAS DEC	2122	ORIGIN? (Specify		ISA 4. RACE — American Indian.	
Β¥	1 Never Married 2 Married 3 XWidowed 4 Divorced		2 NO	If yes, sp		n, Puarto Rican, etc.)		Black, Whita, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	Work done during mose retired.)	ON ist of working		BUSINESS/INDU		
MPI	7th		Ca	rpente		_	MArtin	S	
	17. FATHER'S NAME (First, Middle, Lust) Ferdinand M	lattheu		2.		ME (First, Middle, Maid ances Ho			
BE	19s. INFORMANT'S NAME (Type/Print)	ia conca	19b. MAILING	ADDRESS (Street		Route Number, City or	- 111 11 - 01		
임	Henry Mattheu					Baltimo	re Md	. 21120	
	20s. METHOD OF DISPOSITION 1 [XBurlal 2] Cremation 3] Ramo	oval from State	other place)		ey Ceme			Ify or Town, State	
	4 Donation 5 Other (Specify)	ENSEE	Dulane		ND ADDRESS OF FA		Dalti	more Md.	
	Connelly Fu	netal He	me)					ceAve.21221	
	23. PART I. Enter the diseases, or c shock, or heart fallure. I	omplications that cause List only one cause on a	d the death. Do each line.	not antar tha mo	da of dylng, suc	h aa cardlac or re	apiretory arre	Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	OSSIBLI	A CONSEQUENCE OF	FORA TO	v2 40	LLOW VIS	cres k	Onset and Death	
NO O	Sequentially list conditions,	SBWILL T	CONSEQUENCE	Sus Pie	T 144	Lie NAU	Cip		
CAT	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO OR AC	A CONSEQUENCE O						
CERTIFICATION	that initiated events resulting in death) LAST	d	A CONSEQUENCE O						
	PART II. Other algorificant conditions	a contributing to death !	but not reaulting	in the underlyin	g cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME.						_		1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	neck only one)			
SIC	EXAMINER? 1 Tes 2 To	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 - Nursing Hor	ne 5 Residence	6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCI	JRED	
3 Suicide 6 Could not be detarmined building, atc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as									
BE	29b. SIGNATURE AND WELL OF CERTIFIER	hu	/		D 14	MBER 2 /		SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	2 2 3	EATH (ITEM 27) (TYP)	, BAL	T hepri	nn			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE			1			
	NOV 2 0 1990 fu	he Devideon-Rom	dall.						



DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be to how the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 247 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

	REGISTRAN				OLITTI	IOAIL	01	DEA	111		MEG. NO.					
į	1. DECEDENT'S NAME (First,				16					MONTH	The second second second	Y	YEAR	3. TIME OF DEATH		
	Ala		Marti 5. sex		Marve s. last birthday)	IF UNDER 1	VEAD	IF UNDER	04 1400		V. 18	-19 9(IPLACE (State or Foreign	M	
ı					s. rast pirtnoay) YRS.	- T	DAYS	HOURS	MIN.	(Month	, Day, Year)		Countr	γ)	"	
	217-60-274		1 XM 2 F	38	Tho.						g. 20			aryland	_	
.	9a. FACILITY NAME (If not in		treet and number)			9b. CITY, 1	TOWN C	R LOCATI	ON OF O	EATH		9c. COUP	NTY OF D	EATH		
	7 Hemlock	Ct				LH	unt	Val	ley			Ba	altim	ore		
3	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY		
		1772			1760	777								LIMITS?		
3	Maryland 10e, STREET AND NUMBER		imore			lunt		ZIP COO	-	_		40- 007	TEN OF Y	1 YES 2 NO	\dashv	
LONCHAL	Contract of the Contract of th						101					35,0		THAI COUNTRY	- 1	
Į	7 Hemlock	Ct.						2103				US			_	
2	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	₩ NO						? (Specify Yea Rican, stc.)	or No-	Black	E — American Indian, k, White, etc.	- 1	
5	3 Widowed 4 Dive	and the same of th	IF YES, GIVE V	MAR OR DATES	5	1	YES	2 XNO	Specif	y:		- 4	Speci	w: White		
	15 DEC	EDENT'S EDU	CATION	140.	. OECEDENT'S	HEIM OC	CUIDATIC	NA .		165	KIND OF BUS	INESS (IND	LICTOV		-	
	(Specify onl	y highest grade	completed)		(Give kind of Ille. Do NOT u	work done du	uring mo	at of world	ng	1000	KIND OF BOO	MINESS/IND	001111		- 1	
וי	Elementary/Secondary (I	0-12)	College (1-4 or 5				11	Α			Α				- 1	
COMPL	17. FATHER'S NAME (First, M	4-1-4-1	4	IC	ertified	a Pub	DIIC				ACC		ng		-	
		1						101			OCCUPATION OF THE PARTY OF THE	,				
2	Martin E. A										Maulei					
5	19a. INFORMANT'S NAME (ber, City or Town					
-		Marvel		- T-						Vall	ey, M				_	
	20a. METHOD OF DISPOSIT 1 DeBuriel 2 Crematic		ioval from State	ott	ACE OF DISPO her place)					_		CATION —				
	4 Donation 6 Tither		10 00	Du	anéy						ens	I imoi	nium	, Md.		
	21. SIGNATURE OF	HOPPER	BALL .	ww				ND ADDRE			Niedef	hla				
	•		Bryan W	. Clai	ty.						nd 21				- 1	
	23. PART I. Enter the	licenses, or	complicatione the	et caused th	é daath. Do								rest,	Approximate		
			List only one car	use on aach	Ilna.									Interval Betw Onset and D		
	IMMEDIATE CAUSE (Fit disease or condition	nal	(1	. 1. :	1/00/	-	-		_ *					Oliset and D	eatti	
	resulting in desth)	→	S. DUE TO	(OR AS A CC	WEEDLIENCE O	S. C.	7		371						\dashv	
			DOE 10	L- /	/ A	rej.	0							j		
disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Landwesperatory are strong are s										-						
										j						
	CAUSE (Disease or Inje		C. OUE TO	OR AS A CO	NSEQUENCE C	OFI:										
3	that initiated events resulting in death) LAS	ST .														
5	C177-22-2-211-2-2-2		d											+		
ZAL C	PART II. Other significa	ant condition	na contributing to	deeth but	not resulting	In the unc	derlyin	g cause	given in	Part I.	24a. WAS AN		248	. WERE AUTOPSY FINDS	NGS	
3											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUS	SE	
3											1 123 2			OF DEATH?		
Σ	-									_				1 123 1 110		
PHTSICIAN.	25. WAS CASE REFERRED 1	TO MEDICAL	1				26 PI	ACE OF I	DEATH /C/	heck only or	20)	-				
ا ڌِ	EXAMINER?		HOSPITAL:			OTHER	:									
2	1 YES 2 NO		1 Inpatient 2		26b. Til			IURY AT	esidence	6 Othe	SCRIBE HOW I	N IIIIW OC	CURED		-	
		Pending		Day, Year)		JURY	WC	PRK?	7	280. DE:	SCHIBE HOW I	NJUHY OC	CORED			
5	2 Accident	Investigation						YES 2 [NO	-						
									281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	4 Homicide	determined			<u>.</u>											
2	29a. CERTIFIER 1 CER	TIFYING PHYS	NCIAN: To the best o	f my knowled;	ge, death occur	red at the fir	me, data	and place	e, and du	e 10 the ca	use(a) and mai	nner se sta	ted.			
٤		DICAL EXAMIN	ER: On the basis of	examination as	nd/or Investigati	ion, in my op	pinion, d	death occu	red at the	lime, deta	and place, an	id dua 10 1	he cause(a) and menner as state	ed.	
	296, SIGNATURE AND TITLE	e or centres	n					200 110	ENSE NU	MBED		294 DAT	E SIGNE	O (Month, Day, Year)	-	
	A		70					0				DAI	111.	11-		
2	30. NAME AND ADDRESS O	E DEGEON MA	AN COMBI ETEN CA	ISE OF DEAT	(ITEM 27) (T-	a Drint			77.	172			" "	9/90	-	
	Contract Contract Contract			JOE OF DEATH	1 (IIEM 27) (<i>lyp</i>											
	Howard F	rarnes		ABIR 01011	IDE	Un	ive	rsity	/ Ho	spita	al, Ba	to.,	Md	•	\dashv	
	" NUV 2" "	qqn	Lika Devid	SON-ACT	da PO											
- 1		/	7													



page 5 should be detached for use as the burial-transit permit. Pages

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signed by the attending physician Health and Mental Hygiene prior to

has been a

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1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSEIGN GRATTHOING PHYSICIAN: The law in the Person of the

11-15-90 DAY Blanchard D. Olivis 10:15 PM 4. SOCIAL SECURITY NUMBER 5016 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign JE UNDER 1 YEAR IF UNDER 24 HRS. 228-10-5915 1 XM 2 F irginia YRS 241 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WOLC DIRECTOR 3100 Boultimore RESIDENCE OF DECEDENT 10a, STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore MD. 1 XYES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 212 Si 16 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Black, 1 Never Married 2 Married BY 3 Wildowed 4 Divorced Army COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work do-life. Do NOT use retired Elementary/Secondary (0-12) College (1-4 or 6+) Mechanic 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, M. Blanchard To BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ecolia Sea brooks 21216 Balton MD. 20a METHOD OF DISPOSITION pe 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Na must Burlei 2 Cremetion 3 Removal from State ison torest ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY #28 sector E.L. Phillips 1721-27 N. Man roe St. F/H medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition 22 yrs. Leiomyosarcoma traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 YES 2 NO OF DEATH? 1 | YE\$ 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | 5 | X Residence | 6 | Other (Specify) 1 | Inpetient 3 | ER/Outpetlent 3 | DOA marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investiga 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Pural Route Number, City or Town, State) 6 Could not be determined .60 COMPLETED 23 4 Homicide 1 CERTIFYING PHYSICIAN: To the bder of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29a CERTIFIER 22 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mdnth, Day, Year) 29c. LICENSE NUMBER BE 90 10 16 2 30. NAME AND ADDRES PLETED CAUSE OF DEATH (ITEM 27) (Type 390 Raven .och Va 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 9 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

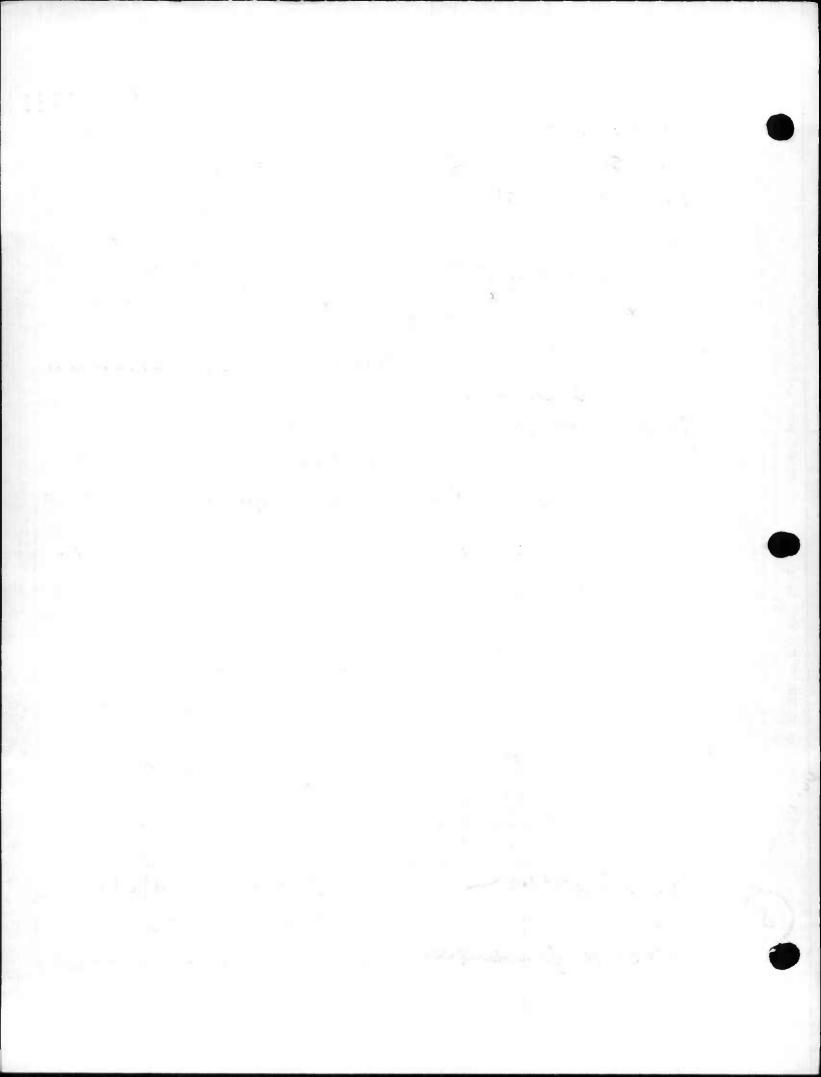
CERTIFICATE OF DEATH

REG. NO.

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH



examiner must be notified at once. TO BE COMP	be filed within 72 hours after death with talk Salte Dipt. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	s thed written /2 nous after death writtene beate upp. Of negativen while hypere prior to outles, vernebour, of removes, APDRTANT: If from 28 is marked, or fleen/23 shows any injury, or other traumatic event, the medical e.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After Mis per metate his been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PAYS, DAVE. The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospit
DALLINOUE, MANTEAND	DIVISION OF VITAL RECORDS, F.C. BOX 13149,

_	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEP	ARTMENT IFICATE					YGIENE EG. NO.		90	31722
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH			. TIME OF DEATH
	THOMAS	C.	O'ROURKE					MONTH	1 CE		90	317 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthde	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF B			8. BIRTHPL Country)	LACE (State or Foreign
	216 09 4241	1 X M 2 - F	73 YRS	B. MONTHS	UATS	HOURS	Mirt.	6/15/1	7		Mary	land
~	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY,	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COUR	NTY OF DEA	тн
0	INTON MEMORIAL	HOSPITAL.		BALT	CIMO	RE C	TTY					
EG	10a. STATE 10b. COUNTY	7	10c.	CITY, TOWN O	R LOCAT	ION					1	0d. INSIDE CITY LIMITS?
ä	Maryland Ba	alto. City		В	alti	Lmore					1	X YES 2 NO
4	10e. STREET AND NUMBER	73-5 22			101	. ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL DIRECTOR	1310 Morli					2	1211				U.S.A	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 THO	lf lf	yes, sp	ecify Cube	n, Mexican	IC ORIGIN? (S _i		or No-	14. RACE - Black, 1	- American Indian, White, etc.
B	3 Widowed 4 □ Divorced	IF YES, GIVE WAR	OR DATES	1	☐ YES	2 X NO	Specify	:			Specify:	White
	15. DECEDENT'S EDU		16a. DECEDEN	T'S USUAL OC	CUPATIO	ON .		16b. KJN	ID OF BUSI	NESS/IND	DUSTRY	
E.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done d T use retired.)	luring mo	st of worldn	g					
COMPLETED	12		Sale	esman				A	utomo	obile	е	
	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middl				
BE	Thomas He 19a. INFORMANT'S NAME (Type/Print)	ary O'Rou		ING ADDRESS	CD11			ret E.			0.41	
2	Rachael Jamison											d 21211
	20. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem		20b. PLACE OF DIS	POSITION (Nar	me of cer	netery, crem	netory or	Darci			City or Town	
	4 □ Donation 5 □ Other (Specify)	oval from State	Druid F	Ridge (Ceme	tery			Pil	kesv.	ille,	Md.
- 8	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				ND ADDRES			.1 11-			
	* Kem B	usae He	na)	3	urge 631	Fall	enss s Ro	Funera	al Ho	me ore.	Mary	land 21211
	23. PART I. Enfer the diseases, or shock, or heart failure.	complications that	aused the desth. D									Approximata
	INTERNATE CALIFE (FI)				A		(Interval Between Onset and Death
	disesse or condition resulting in death)	. Card	iac tail	ince-	14	5424	pole					20 Min
		DUE TO (O	R AS A CONSEQUENC	E OF):		,						de loss
ON	Sequentielly list conditions,	b. DUE TO O	R AS A CONSEQUENCE	E OF):								49 1113
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	. Phe	"inom"	4								1 week
FI	that initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONSEQUENC	EOF):	CZ 44.3	T		11 0	4211	1000	7.100	a la weeks
CERTIFICATION	resolding in deeth) CAST	d. 404	ALC MIN	das	12,00	1 14	Alla	WALLS V	4700	WAY !	4 (7) PLA	6 WALES
CAL	PART II. Other significent condition	s contributing to d	eeth but not resulti	ng in the un	deriyin	g cause (given in	Part I. 24	a. WAS AN A			WERE AUTOPSY FINDINGS
								10	YES 2			COMPLETION OF CAUSE OF DEATH?
ME	-							_	,		1	I □ YES 2 NO
BY PHYSICIAN: MED												
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	₹:			eck only one)				
148	1 YES 2 NO	28a, DATE OF IN	R/Outpatient 3 DO	TIME OF		Ne 5 ∐ Re	eldence	6 Other (S)		JURY OC	CURED	
Y	1 Natural 5 Pending	(Month, Day,	100	INJURY M	1 🔲	DRK?	® NO	Acrt	c. Am	41114	4/11	Sperrangons
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At home, fai	rm, street, fact	ory, offic	:0		281. LOCATIO	ON (Street ar	nd Wumbe	r or Rural Ro	
4 Homicide determined How E Ba. 1 100 CERTIFYING PHYSICIAN: To the bast of my knowledge, deeth occurred et the time, date and place, and due to the cause(e) and manner as stated.										/		
One) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner										and manner ae stated.		
H	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	ENSE NUA	MBER		29d. OAT	TE SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	Q COMPLETED CAUSE	OF DEATH (ITEM 27)					0 1			11114	170
	Richard Y	Hinton	MD	amo	NA	Lew	WY.	J. 140	54 M	161	Bal	am round
	NUV 2 0 1990	32. REGISTRAR	S SIGNATURE						1			

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		NO	CAT	TH	H	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	700	ME	Z	101	YS	F	BY	0	E	7	Ξ	8	m	0	7	
ž.	event	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the	r trau	흥	6	njury.	any	shows	23	E	-	ed,	mar	2	1 28	He He	등	퇿	툉	를	-	
ation	L Crem	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation	prior	giene	Ŧ	Menta	Ith and	of Hea	Jept.	tate C	the S	A P	eath v	er de	Saf	hour	2	ithi	₩ pa	e fi	حد	
ly fil	mplete	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely fil	ysician	ng ph	pue	the att	ned by	en sign	as bi	ate h	ertific	nis ci	fter th	R: A	ECIC	SHO.	RA	UNE	里	TO		
1 Z	d with	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	ate be	ertific	4	the dea	that	require	MP	The	CIAN	HYS	NG P	END	A	R	M	Sp	포	0		
J	ç	2	5			DIVISION OF VITAL RECORDS, F.O. BOA 13149,	5			₹	>	1	Z	5	=	5						

0	_		FOR STATE REGISTRAR	STATE OF M			RTMENT					/GIENE :G. NO.		30	31	723
9		,	1. DECEDENT'S NAME (First, Middle, Last)	Julia	С.		Pay	ne			2. DATE OF DE MONTH	DAY	19	9 0	3. TIME OF 2:2.	
	70	1.1	4. SOCIAL SECURITY NUMBER 215-09-6308D	5. SEX 1 M 2 F	6. AGE (In yrs. ia	el birthday) 76'rs.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BI (Month, Day, 8-6-	Year)		Country)	Md .	or Foreign
	2, 3 shoul	OR	98. FACILITY NAME (If not institution, give s Franklin Square				9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATN		9c. COUN Bal	ty of DE		
	prigologi. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	10a. STATE 10b. COUNT	alto.		10c. CIT	IY, TOWN O	R LOCAT	ION						10d. INSIDE LIMITS:	?
	ısit permit.	FUNERAL (10e. STREET AND NUMBER 28 Greenwood Ave					101	. ZIP COD	ε 21206			-		HAT COUNT	
AND 21203-3146	the burial-tran	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDEN	YES 2 2	RMED NO		f yes, sp	ENDENT (DE NISPANI	C ORIGIN? (Sp., Puerto Rican,	ecify Yea etc.)		14. RACE Black,	- American White, atc. Whit	
21203-3146	ed for use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		·)	Give kind of e. Do NOT u	S USUAL OF work done (CCUPATIO during mo	ON st of worki	ng	16b, KIND	OF BUS	INESS/IND	JSTRY		
MARYLAND	be detached at once.	BE COM	17. FATHER'S NAME (First, Middle, Leet) Joseph Schemmel		110	Homemaker 18. MOTNER'S NAME (First, Clara Noa						, Maiden S	Surname)			
MARYL	e 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Julia A. Stamper		1	19b. MAILING ADDRESS (Street and Number or Rural Route Num 1739 Dr. Jack Rd. Conowi:										
MORE,	ector, pa		20a. METHOD OF DISPOSITION 1 \(\times \) Burlal 2 \(\times \) Cremation 3 \(\times \) Rem 4 \(\times \) Donation 5 \(\times \) Other (Specify)	oval from State	other p	viace)	Cem.		metery, crer	matory or			alto.			
BALTIMORE,	e funera II.		21. SIGNATURE OF FUNERAL SERVICE L	20	0,		Jc 64	hn +15	C. M: Bela:	ir Rá	Inc.				6	
0	2 2 2		23. PART I. Enter the disease of ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Myxed	ema Co	oma		the mo	de of dy	ring, auch	sa cardiec	or reaple	ratory arre	eat,	Interv	oximata val Between it and Daath
O. BOX 13146,	cian and com or to burial,	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO	(OR AS A CONS	EOUENCE (OF):									
9.	ed by the attending the and Mental Hygen and Injury, or o		PART II. Other algorificent condition Old large ant								100	. WAS AN PERFOR		24b.	AMAILABLE I	
RECORDS,	has been signed better the state of Health n 23 shows a	N: MEDICAL										U 1E9 Z			OF DEATH?	2 🗋 NO
Z :	cate has	ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7 500 4-41-4	2 🗆 🗆	OTHE		LACE OF I	DEATN (Chi	ock only one)					

29a. CERTIFIER
(Check only one)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28b. TIME OF INJURY M

28c. INJURY AT WORK?

1 YES 2 NO

28d. OESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

296. SIGNATURE AND TITLE OF CERTIFIER
Brian C. Carty, MD 29d. DATE SIGNED (Month, Pay, Year) 11/19/90

36. NAME AND ACORESS OF PERSON WHO COMPLETED CALLET OF DEATH (ITEM 27) (Type, Print)

28a. DATE OF INJURY (Month, Day, Year)

9000 Franklin Sq. Dr., Balto., MD 21237 Brian Carty, MD

8 Pending Investigation

8 Could not be determined

27. MANNER OF DEATH

1 Natural

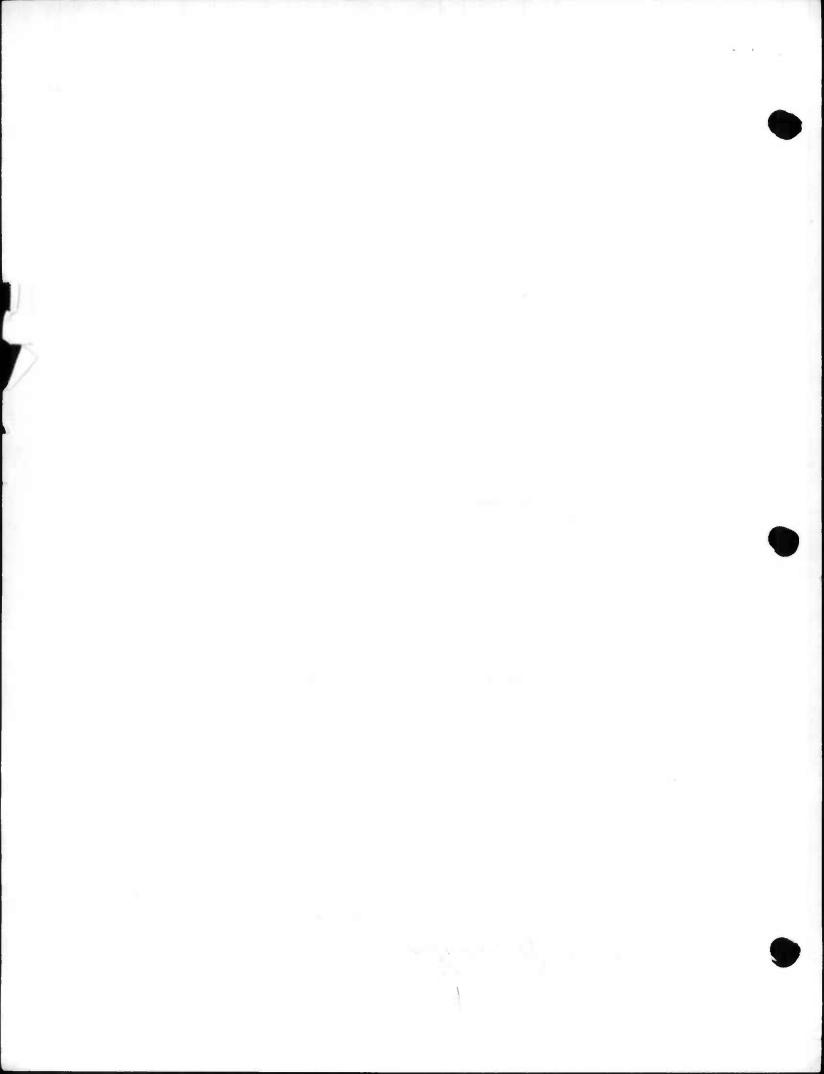
2 Accident

3 Suicide

4 Nomicide

32. REGISTRAR'S SIGNATURE
Guha Davidson-Rondate NOV 2 0 1990

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1		ST/ RE	ATE		A
1	. D	ECEL	DEN.	T'8	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First		ALAN	7	PERD	TRII			2. DATE OF I	DAY	4-1990	3. TIME OF DEATH 2:50 P11 M
HAR			B. AGE (In yrs. les		IF UNDER	1 VEAR	IF UNDER 24 HRS.	7. DATE OF B	-		HPLACE (State or Foreign
242-60-509	8	1 → M 2 □ F	48	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day 11/2L	/41	No:	rth Carolina
90. FACILITY NAME (# not)	rth Av					crry, rown or Location of DEATH Baltimore				9c. COUNTY OF	DEATH
10a. STATE N. C.	10b. COUNTY	1			y, town o						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER						_	ZIP CODE 27536		T	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dh		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	NO NO		If yes, sp	ENDENT OF HISPAT acity Cuban, Mexica 2 NO Specifi	in, Puerto Ricar		r No- 14. RAC Bla	E — American Indien, ck, White, etc. cdy: White
	CEDENT'S EDUC nly highest grade ((0-12)		(G	. Do NOT u	work done	during mo	st of working	16b. KIN	D OF BUSH	NESS/INDUSTRY	
17. FATHER'S NAME (Flist, Luther Per							18. MOTHER'S NA Patti	Me (First, Middle Le Roys		umame)	
19. INFORMANT'S NAME Marjorie R.	(Type/Print)	ton	1				nd Number or Rural	Route Number, C	ity or Town,		6
20e. METHOD OF DISPOSI	TION Ipr. 3 🗆 Remo		20b. PLACE other pi	OF DISPO	SITION (N	ame of cer	netery, cremetory or		20c. LOC/	ATION — City or	Town, State
21. SIGNATURE OF TUNES	٨	22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funers						altimore, Maryland al Home ge, Md. 21227			
23. PART I. Enter the	diagram or o	amplications that	afford the d	-	oot oote	695	Main St.	b as service	ridge	21227 Approximate	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Chronic Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algorities	cant condition	contributing to	death but not	resulting	In the u	nderiyin	g cause given in	1	PERFORM	AED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
1											
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	an University	5/	OTHE	R:	LACE OF DEATH (C)				
1 YES 2 NO 27. MANNER OF DEATH 1. Natural 6	Pending	28a. DATE OF I	INJURY	26b. TII		28c. IN.	TURY AT DRK? YES 2 NO	1		JURY OCCURED	
2 Accident	Investigation Could not be determined	28e. PLACE OF building, a	INJURY — At h	ome, ferm,	street, fac				ON (Street er own, State)	nd Number or Flure	I Route Number,
(Olygon Oly)		CIAN: To the best of a									e(e) end manner as stated.
29b. SIGNATURE AND TIT	50	V. Fa	soc\	3			29c. LICENSE NU	230		29d, DATE SIGN	ED (Month, Day, Year)
Dr. Zavo	dny,	341 Nort	th Cal			Koc	t, Pal-	inoro	, 147	21202	2
31. DATE FILED (Month, De NOV 2	0 1990		r's signature	ndesse							

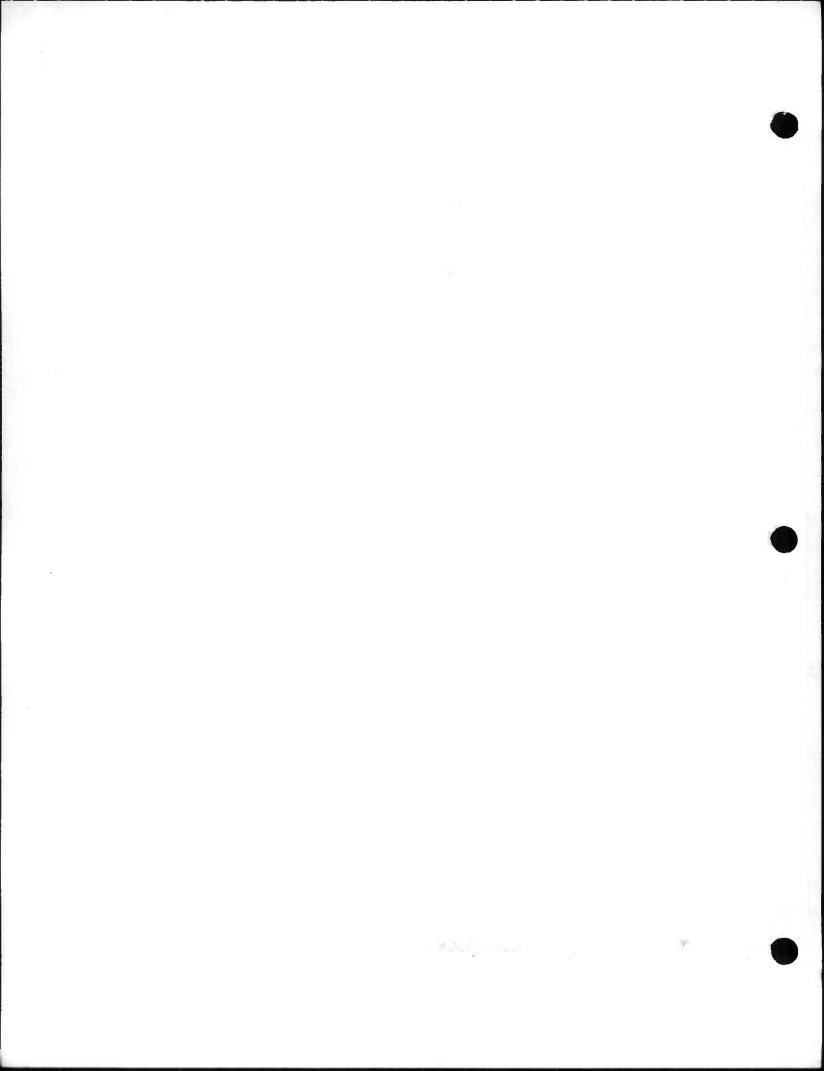
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	1 - STATE REGISTRAR		CERTI	FICAL	E VE	DEA	10		REG. NO.			
		MARGARE	ET R. PULLA		Line	en.		2. DATE MONT NOV	OF DEATH	[990 	EAR 3. TH	ME OF DEATH
	3.0 0	SEX □ M 2 🖽 F	6. AGE (In yrs. lest birthde) 74 YRS.		DAYS	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH h, Day, Year) RCH 31	0.	BIRTHPLACE Country)	E (State or Foreign
TOR R	Sa. FACILITY NAME (If not institution, give street 1. JOSEPH No. RESIDENCE OF DECEDENT	and number)	/		NOWN O		ON OF DE	ATH		Be COUNTY OF DEATH DE 1 to .		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			BALTI								INSIDE CITY LIMITS? YES 100 NO
FUNERAL	3615 BREHMS LANE	s to			101	212]				10g. CITIZEN	S. A	
BY	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO AR OR DATES		If yes, spe		n, Maxica	in, Puerto	N? (Specify Yea Rican, atc.)	or No- 14.	RACE — Ar Black, White Specify:	merican Indian, ta, stc.
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade communication (Specify only highest grade communication (9-12) C NA	ION npleted) College (1-4 or 8+)	ille. Do NOT	s usual of work done use retired.)	during mo	ON ist of world	ng	188	OWN	HOME	TRY	
ш	17. FATHER'S NAME (First, Middle, Last) CHARLES SORRENTIN	NO				111		TOR	Middle, Malden	Surname)		
TO B	CHARLES **. PULLARA	(HUSBAN	11 2 - 7 - 7 - 7						ORE, N			
	20a. METHOD OF DISPOSITION 1 XBurtel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		20b. PLACE OF DISP offher place) DULANE	Y VAI	LLEY	MEMO	RIAI	L GAI	20c. LO	TIMON:	Or Town, S	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	0	touch.	5	NAME AND CHIM	MUNE	FUN	NERA	L HOMES	S, INC.	MD. 2	1213
	23. PART I. Enter the diseases, of com											
	shock, or heart fallure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	t only ona caus	se on aach line.						diac or reapi		7	Approximata Interval Between Onset and Death
TION	immediate cause (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate	Pley,	caused tha death. Die on aach line. CAL EFFE (OR AS A CONSEQUENCE CONSEQUENCE (OR AS A CONSEQUENCE (OR AS	ISON Ca					diac or reapi		7	Approximata interval Between
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) a Sequentially list conditions,	Pleur DUE TO (se on each line. CAL Efficience of the consequence	USIA Car					diac or reapi		7	Approximata interval Between
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Pleur DUE TO (OR AS A CONSEQUENCE	OF): OF): OF):	n ces	r r	nuel ui f	1 6	diac or reapi	as tays	24b. WER AMAIL COM	Approximate interval Between Onset and Daeth Onset and Daeth Daeth Daeth Daeth Daeth Daeth Daeth Daeth Daeth Daeth Daeth Of Cause Death?
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After this certificate has been signed by the attending physician and completely filled in by the funeral director,	ours after death with the State Dept. of Health and	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - FOR STATE OF STAT	F MARYLAND / CI		MENT OF HEATE OF		MENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Catherine	Plumho	off			2. DATE (MONTH NOV	. 19	1990	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX $216-16-4409 \qquad \qquad 1 \ \square \ \text{M} \ 2 \ $	6. AGE (In yra. las	840	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Dey. Year)	910	Ma	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give street and numbe 800 Brunswick Roa			Es:	R LOCATION OF DE	EATH		9c. COUNT		im og e
DIRECTOR	nesidence of decedent 10e. State Md. Baltim	ore	10c. CITY, T	OWN OR LOCAT	on Ssex					Od. INSIDE CITY LIMITS? VES 2 NO
FUNERAL	10e. STREET AND NUMBER 800 Brunswick Roa	d Apt.2	A	10f.	ZIP CODE 2122	1		10g. CITIZE	USA	AT COUNTRY?
BY	1 Naver Married 2 Married FORCES?	DENT EVER IN U.S. AF 1 YES 2 W VE WAR OR DATES		If yes, spe	elfy Cuban, Mexica 2 NO Specifi	in, Puerto R		or No- 1	Black, V Specify:	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4)	(G	Sive kind of work b. Do NOT use n	WAL OCCUPATION do done during modelined.)	N It of working	18b.	KIND OF BUS	INESS/INDU	STRY	
OM	17. FATHER'S NAME (First, Middle, Last)		поць	CWIIC	18. MOTHER'S NA	ME (First, N	fiddle, Malden	Sumame)		
Ш	Martin Smith				Add	ie	==			
) BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING AC	ODRESS (Street a	nd Number or Rural		er, City or Town	, State, Zip C	lode)	
5	Joyce Carrow		1606	Chesa	aco Ave	. Ba	altimo	ore M	id.	21237
	20a. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	n other p	ilaca)	n Ceme	etery crematory or			eation — ci altim		
	21. STENATURE OF FUNERAL SERVICE LICENSEE	cal He	me		adoress of fa		.Home:	300MA	ceA	ve.21221
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart tallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									ш.,	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contribution of the contrib				j ceuse given in	Part i.	24e. WAS AN PERFOR	MEO?	C	TERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATH (C)	heck only on	e)			
SIC	EXAMINER? 1 YES 2 NO HOSPITA 1 Inpetion	=: 2 ☐ ER/Outpatient :		THER:	5 X Residence	8 🗆 Other	(Specify)			
ВУ РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	TE OF INJURY nth, Day, Year)	28b. TIME (ry wo	URY AT RK? 'ES 2 NO	28d. DES	CRIBE HOW II	NJURY OCCU	JRED	
	3 Suicide a Daut 28e. PL	CE OF INJURY — At hidding, etc. (Specify)	ome, farm, stre	et, factory, offic		26f. LOC	ATION (Street a or Town, State)	and Number o	r Rurai Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful one of the beautif									and manner as stated.
TO BE CO	29b. SIGNATURE AND LITTLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETE	luly	un		29c. LICENSE NU	MBER		29d. DATE	SIGNED (A	Aonth, Day, Year) 9-90
	31, DATE FILED (Month, Day, Year) 32, REG	STRAR'S SIGNATURE								



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Davidson-Randall

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Leat) 2:42 FRANCES REICHENBACH 11 90 PM A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 09-13-1931 227-36-3185 Virginia 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH Francis Scott Key Medical Center DIRECTOR Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maruland Baltimore Dundalk 1 - YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 827 Jay Dee Avenue 21222 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried FORCES? 1 YES 2. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) 7th Grade. College (1-4 or 5 +) Assembly Line Eastern Stainless COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Samuel E. Ward Lola E. Simmerman BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Herbert C. Reichenbach 827 Jay Dee Avenue, Baltimore, MD NOW METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 80k METHOD OF DISPOSITION

1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) sacred Heart Of Jesus Cem 11/20/90 Baltimore. 22. NAME AND ADDRESS OF FACILITY DUCA-RUCK FUNETAL Home of Dundalk, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7922 Wise Avenue, Baltimore, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. Interval Between Onset and Dasth **IMMEDIATE CAUSE (Fine)** disease or condition . Hypertensive Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE Chronic Obstructive Pulmonary Disease 1 YES 2 X NO OF DEATH? 1 | YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 | NO 1 ☐ Inpetient 2 X ER/Outpetient 3 ☐ DOA 4 - Nursing Home 6 - Residence 6 - Other (Specify) 27 MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED XXX Natural 5 Pending 1 YES 2 NO BY 2 Accident 26t, LOCATION (Street end Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, streat, tectory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 X MEDICAL EXAMINER: On Magain se of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner ee stated. 29b. SHOWATCHE AND THE OF CENTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME 11-18-90 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, MD vl Frank J. Peretti, M.D., Assistant 21201 DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

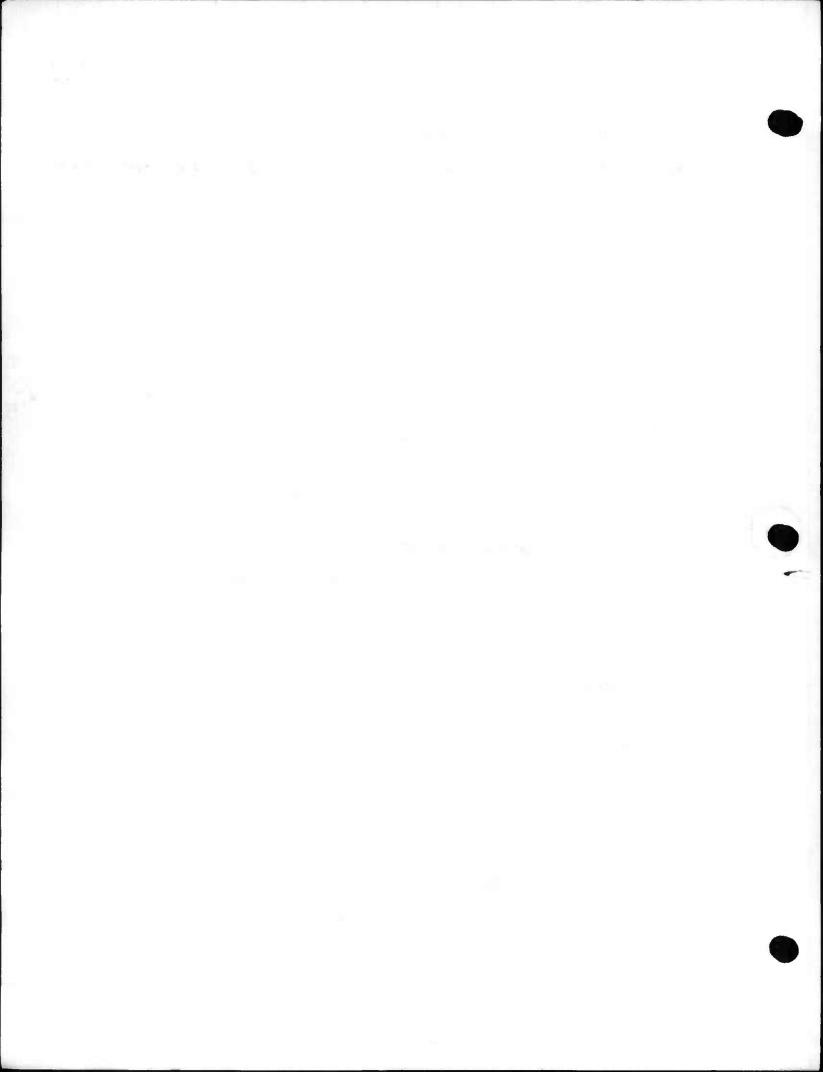
DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

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1. DECEDENT'S NAME (First,	ALPH	11.	PIZ	20				2. DATE OF DEATH MONTH D	AY	YEAR 3.	12/Pm M
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	AR IF UP	IDER 24 HRS.	7. DATE OF BIRTH	1	7 4	ACE (State or Foreign
155-12-77	151	1 № 2 🗆 F	69	YRS.	IONTHS DAY	YS HOU	MIN.	5-24-1		NEW	NERS EY
9a. FACILITY NAME (If not ins			τπατ.	9			MD 2.		LTIMO		
RESIDENCE OF DEC		II IIODP	* TUT		بيدين		4-				
10a. STATE	10b. COUNTY	r		10c. CITY,	TOWN OR LO	OCATION				10	d. INSIDE CITY
MD		LTIMORE			BALT						LIMITS?
10-557ET ABROOK	RD					10f. ZIP C			10g. CITI		T COUNTRY?
11, MARITAL STATUS		12 WAS DECEDED	IT EVER IN U.S. AF	MED	49 1180		204	IIC ORIGIN? (Specify Ye	a as No. T	USA	American Indian
1 Never Married 2		FORCES? 1	MAR OR DATES		If yes	s, specify C		n, Puerto Rican, etc.)	or 140—	Specify:	American Indien, /hite, atc.
	EDENT'S EDU			CEDENT'S U			a elula e	16b. KIND OF BU	SINESS/IND	WHIT	115
(Specify only Elementary/Secondary (0	highest grade -12)	College (1-4 or 5	Me	live kind of wo . Do NOT use	rx done during retired.)	g most of w	onting				
12				es Te	chnic:	ian		Sheet Me	tal (Coatir	ng & Litho
17. FATHER'S NAME (First, Mi	iddle, Last)					-	OTHER'S NA	ME (First, Middle, Malden			
Ar	gelo	Rizzo					Giova	annina N	licole	etti	
190. INFORMANT'S NAME (7)	/pa/Print)		19	b. MAILING A	DDRESS (Str	reet and Nui	mber or Rural I	Route Number, City or Tox	vn, State, Zip	Code)	
Mrs. Leaha	N. R	izzo			Same a	as 10	e				
20a, METHOD OF DISPOSITI		oval from State	20b. PLACE other p	OF DISPOSIT	TION (Name of	of cemetery,	crematory or	20c. LC	CATION -	City or Town	State
4 Donation 5- Other	(Specify)	1	1	,			11/1		Arli	ingtor	n, N.J.
21. SIGNATURE OF FUNERA	L SERVIOR L	DOSER	/		22. NAM	ME AND AD	DRESS OF FA	1050	York	Rd.	21204
- Words	(Vbl	ale X	,		Rue	ck To	wson :	Funeral Ho			
ahock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in death)		a. Due To	O (OR AS A CONSE	QUENCE OF	· / /	/		, ,			Interval Between Onset and Death
Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated evants resulting in death) LAS	dista ING Iry	c	O (OR AS A CONSE		:	wen	sente	n Disim			
PART II. Other significs	nt condition	ne contributing to	desth but not	reaulting in	the under	rlying ceu	se given in				ERE AUTOPSY FINDINGS
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25. WAS CASE REFERRED T	O MEDICAL	1			2	26. PLACE	OF DEATH (Ch	eck only one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient		OTHER:			6 Other (Specify)			
27. MANNER OF DEATH		28e. DATE O	F INJURY	26b. TIME	OF 286	c. INJURY		28d. DESCRIBE HOW	INJURY OC	CURED	
	Pending Investigation	(Month,	Day, Year)	INJU		WORK?	2 NO				
3 Suicide 6	Could not be determined		OF INJURY — At h j, etc. (Specify)	ome, farm, at	reet, factory,	office		261. LOCATION (Street City or Town, State		r or Runal Rou	nte Number,
Creek only								to the cause(e) end mo			nd manner se stated.
296. SIGNATATIS AND STLE	OF CERTIFIE	1//	2			29c.	LICENSE NUI		29d. DAT	E SIGNED (A	fonth, Day, Year)
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30. NAME AND ADDRESS O	PERSON WI					53	2	Thursday	. D	717	000
31, DATE FILED (Month, Day,			AR'S SIGNATURE	000	424	~		Towsons.	770	016	7
NOV 2 U 199		une Saurda	m- Wandell	2	NOV	201	990	Endio Novida	en-Bar	della	

wath. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with it is a more affector, page 6 may be retained by the attending physician and committee in the land director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, committee, and more director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, committee, and more must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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		4. SOCIAL SECURITY NUMBER	1 - 1 - 1	8. AGE (In yrs. les	100	IF UNDER	DAYS	IF UNDER 2	MIN.	7. DATE O (Month,	F BIRTN Day, Year)		B. BIRTNPLA Country)	ICE (State or Foreign
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5 should be detached for use notified at once.	BE (19a. INFORMANT'S NAME (Type/Print)	i v		b. MAILINO	ADDRESS	(Street ar	nd Number o			or, City or Town		_	
5	2	Richard Rosier			7102	Aves	bur	v Lan	ne Gl	len I	Burnie	Md.	21061	
funeral director, page		20g, METHOD OF DISPOSITION	count from State	20b. PLACE other p	OF DISPOS								ity or Town,	
rector		4 Donation 5 Other (Specify)	OVAI ITOM Stata		dowr						E1	kride	e. Mo	l.
in di		21. SIGNATURE DE FUNERAL SERVICE LI	CENSEE			22. [NAME AN	1 eton	S OF FAC	ury	Home			
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d in by the funeral director, por removal. medical examiner must		23. PART I. Enter the disesses, or o												Approximate
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completely fille rial, cremation, c event, the		resulting in death)	a. CON	OR AS A CONSE	OUENCE O	Pi:	U- W	IAU	cur	-3-				
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an ar	일	Sequentially list conditions, if any, leading to immediate												
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Anding physician and completely filled Hygiene prior to burlal, cremation, or other traumatic event, the	CERTIFICATION	that initiated events resulting in deeth) LAST		RES PI					00					
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requires that the attending physician and con- sort Health and Mental Hygiene prior to burlat, shows any Injury, or other traumatic er	4	PART II. Other significent condition	na contributing to	desth but not	resulting	In the un	deriying	g ceuse g	iven in f	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ned b	음									_	1 TYES 2	□ NO		OMPLETION OF CAUSE F DEATH?
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has bee Dept. o	ż													
this certificate has been the State Dept. of the Carte Dept. of the Carte Dept. of the Carte Dept. of the Carte Dept.	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	ck only on)			
ertificate the State or Item	YSI	1 TYES 2 NO	1 🗆 Inpatient 2 🗆			4 🗆 Nun	Ing Hom	e 5 🗆 Rec	sidence (
th the	PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I (Month, Da		28b. TIW	JURY LA		RK?		28d. OE\$	CRIBE HOW I	NJURY OCC	URED	
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	03	3 Suicide 6 Could not be 4 Homicide determined		FINJURY — At h Mc. (Specify)	ome, term,	street, tact	огу, отне	•			ATION (Street or Town, State)		or Hurer Hou	e Number,
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TO THE PORT	88	286. SIGNATURE AND TITLE OF CERTIFIE	IR.					29c. LICE	NSE NUM	BER		29d, DATE	SIGNED (M	onth, Day, Year)
2 2 2 2	2	30, NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUS	E OF OFATN (IT)	EM 27) /5mg	Delet)								
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		31. DATE FILED (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE	200	()	5 6	(7-1/V	216	200	> {	DAG	-(
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATN MONTH

31729

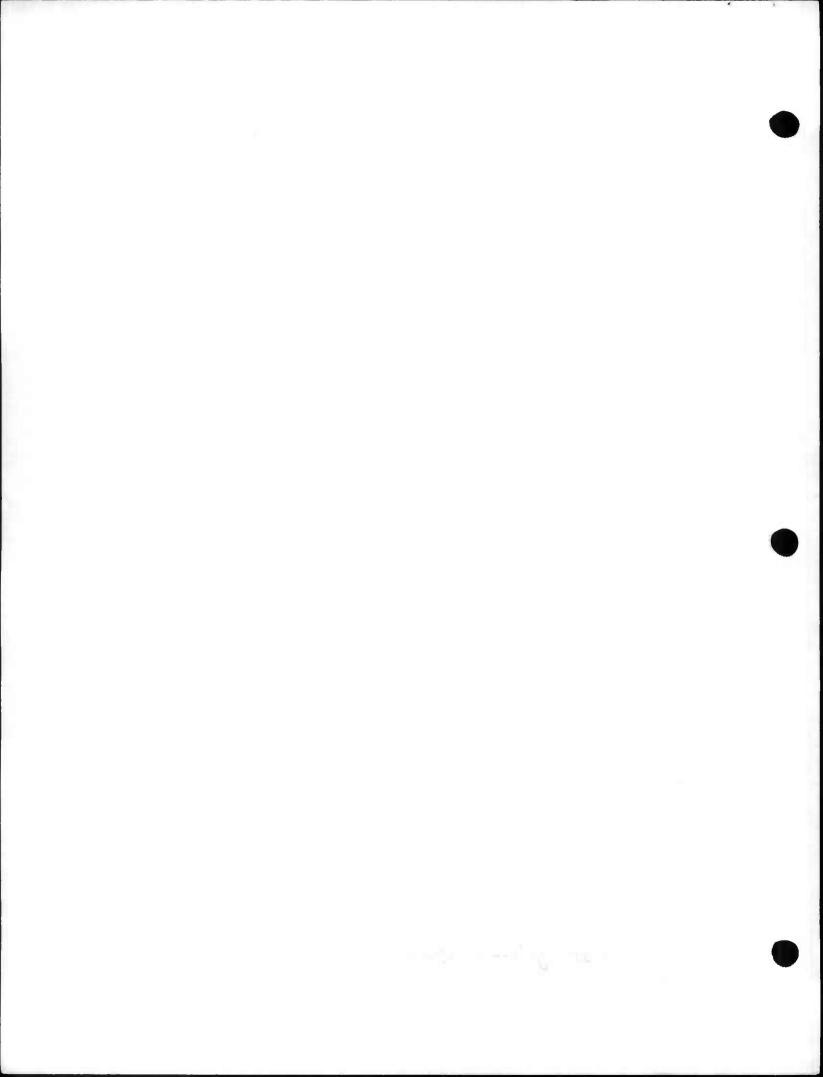
DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		UI.	ENIIF	CALE	UL	DEAL	п		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH	IV,	YEAR	3. TIME OF DEATH
	Mary Sawyer 4. SOCIAL SECURITY NUMBER								11		/	90	
	4. SOCIAL SECURITY NUMBER 212 - 22 - 5632	5. SEX 1 M 2 X_ F	6. AGE (In yrs. les	YRS.	MONTHS 1	DAYS	HOURS	24 HRS. MIN.		F BIRTH Day, Year) - 15 -	26	6. BIRTH	PLACE (State or Foreign N . C .
	9a. FACILITY NAME (If not institution, give si						R LOCATIO		ATH			NTY OF D	EATH
OR	Union Memoria	l Hospita	al		Ва	lti	more	Cit	У				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10.00		1004	101						44 4 140405 01774
DIRE	10a. STATE 10b. COUNTY				Y, TOWN OF			ITY					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	3306 HARFORD	RD.				10f	212				10g. CITI	US	WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED					IC ORIGIN?		or No-	14. RACE	- American Indian,
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2	NO			2 X NO		n, Puerto Ak	cen, etc.)			White, etc.
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade		(G	ive kind of	USUAL OC	CUPATIO	ON st of workin	g	16b. F	CIND OF BUS	SINESS/IND	USTRY	
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M	17. FATHER'S NAME (First, Middle, Last)		1 0	NETT	LUIL	. 0	10 14077	ED'C NA	ME (First, Mic	della Maidan	Company)		• • • • • • • • • • • • • • • • • • • •
BE CC	UNKNOWN							KNO		oue, wereen	Junemay		
TO B	198. INFORMANT'S NAME (Type/Print) THELMA GRAD	DY	19	3 3 0 6	ADDRESS HAF	(Street a	RD R	or Rural F	BALT	IMOR	E,	4D.	21218
	20s. METHOD OF DISPOSITION 1 & Jaurial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from Stata	20b. PLACE	OF DISPO	SITION (Nam ON CE	e of cer	TERY	atory or			NSD(wn, State , MD.
	21. SIGNATUNE OF FUNERAL SERVICE LIC				ND ADDRES			110	1 E.	.NOR	TH AVE.		
	23. PART . Enter the disesses, or	complicatione the	t caused the de	eath. Do	not enter	he mo	de of dyl	ng, auci	h as cardi	ac or resp	iratory an	reat,	Approximate
	shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Mas	swe () sid									Interval Between Onset and Death
	resulting in deeth)	DUE TO	SUE F	QUENCE O	F): Muni	uni	lial	Tu	hail	tim			
NOL	Sequentielly list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSE	OUENCE O	PF):				1				
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_	OTHER		LACE OF D	EATH (Ch	eck only one)			
YS	1 TYES 2 NO 27. MANNER OF DEATH	1 N Inpetient 2		3 □ DOA				sidence	6 Other				
ву Рн	1 Natural 5 Pending Investigation	26a, DATE OF (Month, D			JURY M	WC	JURY AT ORK? YES 2) NO	260, DESC	RIBE HOW	INJURY OC	CUMED	
ED	3 Suicide 6 Could not be 4 Homicida detarmined	26e. PLACE (building,	OF INJURY — At he atc. (Specify)	ome, farm,	street, facto	ery, offic	:a		28f. LOCA City of	TION (Street Town, State	and Numbe)	r or Flural	Route Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of	my knowledge, d	eath occur	red at the ti	me, dete	and place	, and dua	to the caus	e(a) and ma	nner aa sta	nted.	
NO.	anal .	R: On the basis of e	xamination end/or	Investigati	on, in my o	olnion, e	death occur	ed at the	time, date a	and place, a	nd due to t	he cause(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	M.M.					29c. LICI	NSE NUI	WBER		29d. DAT	E SIGNED	(Month, Day, Year)
6	30 MAME AND ADDRESS OF PERSON WI	IO COMPLETED CALL	SE OF DEATH (ITI	EM 27) (7/10	e, Print)	_						11/1	7140
1	HILMER O	· NEGO	ETE .	MON	MEN	100	Mi	HOSE	MIL	1SA	CTMI	ME	MD 21218
	NOV 2. 0 1990	32. REGISTRA	AR'S SIGNATURE										



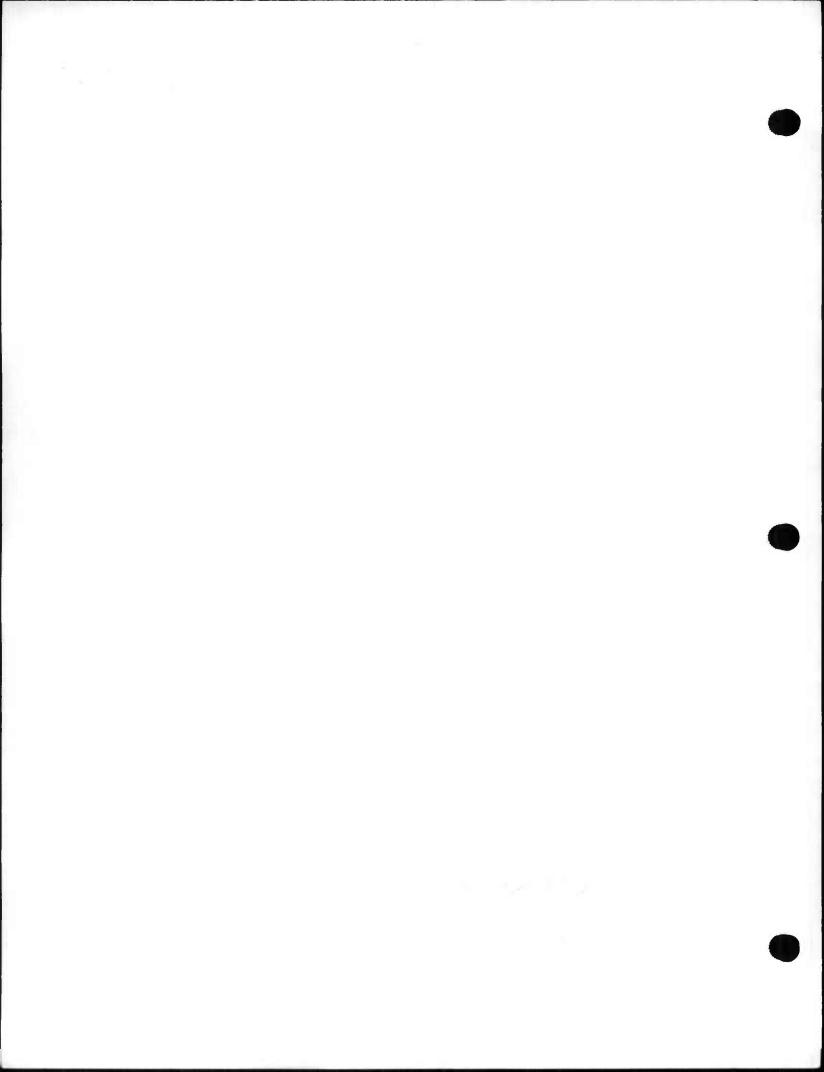
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO	0 3	1/31
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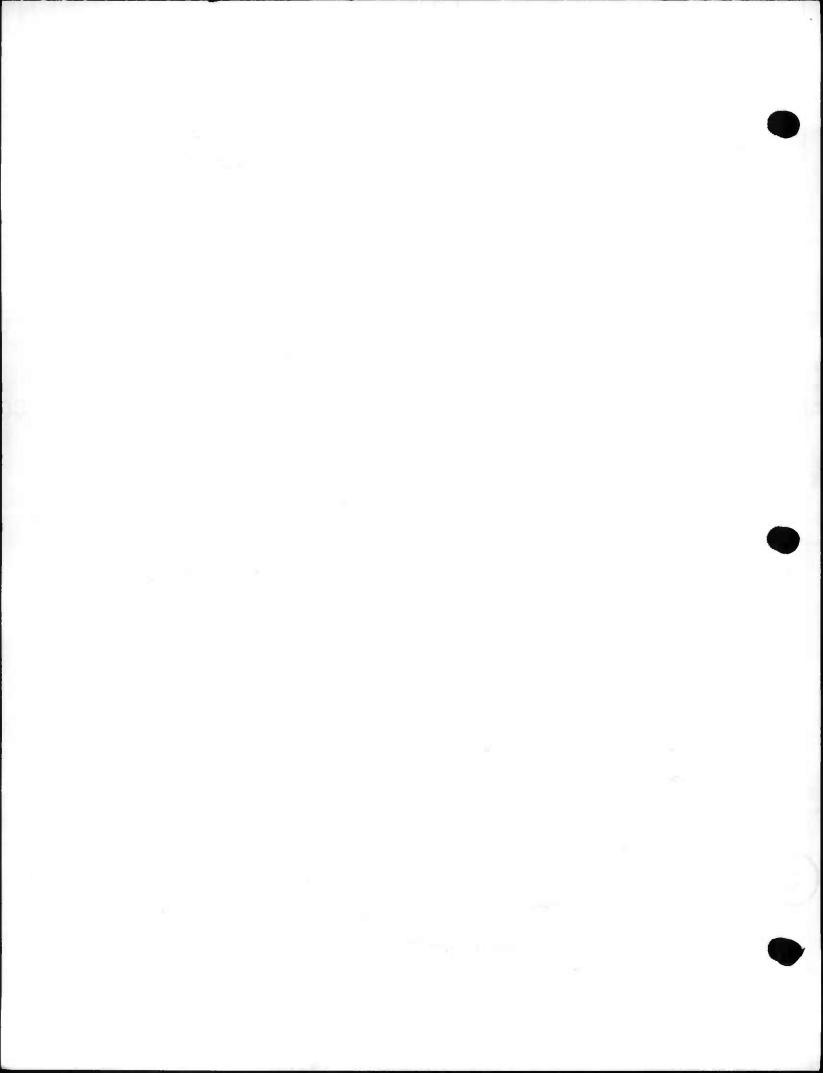
7	FOR STATE REGISTRAR	STATE OF MARYLAI		TMENT OF H		MENTAL HYGIENE	90	31731		
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	jean CA	RROLL	SCOTT			MONTH DAY				
	THE THE PROPERTY OF THE PARTY O	(Month Day Year)								
			5 YRS.			(Manth, Day, Year) 03-14-		MD		
_	9a. FACILITY NAME (If not institution, give stree				R LOCATION OF DE		9c. COUNTY O	F DEATH		
2	10 N. Chapel St	reet		Balt	imore Ci	ty				
35	10a, STATE 10b. COUNTY			, TOWN OR LOCAT		,		10d. INSIDE CITY VLIMITS?		
ā	MD		R P		E, CITY	(=		1 TYES 2 NO		
BY FUNERAL DIRECTOR	10 N. CHAPE	LCTDEET		101	ZIP CODE	,		F WHAT COUNTRY?		
N.		L STREET	LO ADMED	40 3440 050	21230	NC ORIGIN? (Specify Yes	USA			
3	1 Never Married 2 Married	FORCES? 1 YES	2 (NO	It yes, sp		n, Puerto Rican, etc.)	8	ACE American Indian, leck, White, etc.		
	3 Widowed 4 Divorced	in teo, dive thin on bill		1 1 123	Z [] NO Specif	,.	"	BLACK		
윤	15. DECEDENT'S EDUCAT (Specify only highest grade co		(Give kind of v	USUAL OCCUPATION Work done during more retired.)	on st of working	16b. KIND OF BUS	INESS/INDUSTR	Y		
Z.	Elementary/Secondary (0-12) 8 t h	Collage (1-4 or 5+)		ASHIER		SPORT	C D A D			
NO.	17. FATHER'S NAME (First, Middle, Last)		COOK-C	ASITER		ME (First, Middle, Maiden S				
BE COMPLETED	HARRY SCOTT					SE JONES	,			
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town				
F	SHIRLEY JOHNSO					-BALTIMO				
	20a. METHOD OF DISPOSITION 1X Jurial 2 — Cremetion 3 — Remove 4 — Donation 5 — Other (Specify)		other place)	MFMORT	AL PARK		ATION — City o	RE, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		7511222		O ADDRESS OF FA		LITHOT	(L, MD.		
	V/anne	2900	1111	MM C	MADCL	J C U 11	01 E	NORTH AVE.		
	23. PART I Enter the diseases, or con	mplications that caused	the deeth. Do n					Approximate		
	ahock, or heert failure. Lis IMMEDIATE CAUSE (Final	it only one cause on eac	ch ilne.				•	interval Between Onset and Death		
		Gastrointes	stinal H	Hemorrha	qe					
	DUE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions, Due to (or as a consequence of):									
SAT.	If any, leading to immediate cause. Enter UNDERLYING									
E	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A C	CONSEQUENCE OF	F):						
CERTIFICATION	d.									
CAL	PART ii. Other significant conditions	contributing to deeth bu	t not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
20						1 X YES 2		COMPLETION OF CAUSE OF DEATH?		
MEDI						_		1)() YES 2 NO		
PHYSICIAN:		HOSPITAL:		OTHER:	LACE OF DEATH (C)					
HYS	1 ☐ YES 2 ☐ NO 1 27. MANNER OF DEATH	26a. DATE OF INJURY	tient 3 L DOA 28b. TIM			6 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURE	0		
	XIXX Natural 5 Pending Investigation	(Month, Day, Year)	IN.		URY AT ORK? YES 2 NO					
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specifi	- At home, farm,	street, factory, offic	•	28f. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,		
COMPLETED	4 Homicida datarmined					ony arriving ones,				
IP.	and only	AN: To the best of my knowle								
SO	2 X MEDICAL EXAMINER:	On the besia of axamination	and/or investigation	on, in my opinion,	leath occured at the	time, date end place, an	d dua to the ceu	se(a) and manner as stated.		
BE	256. SIGNATUREAND TITLE OF CERTIFIER	2			29c. LICENSE NU			NEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLÉTEO CAUSE OF DEA	TH (ITEM 27) (Type	. Print)	OCI	TE	1.	1-17-90		
	Ann M. Dixon, M.D				n Street	, Baltimore	e, MD	21201 vl		
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE			,	7			
	NOV 2 0 1990 July	ia Davidson Rand	all.							



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F	THE FUN	PORTAN
TO THE MOST ALL BRATTENDING PHYSICIAN. The law requires that the death certificate be executed within 25 Tours after death. Page 6 may be retained by the hospital property.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be a companied for the funeral director, page 5 should be detached to be a companied for the funeral director.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / CE		MENT OF H		IENTAL HYGIEN	W V	3 732			
į	1. DECEDENT'S NAME (First, Middle, Last)	. ~ \	E i N a		2. DATE OF DEATH MONTH D	AY O	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last		F UNDER 1 YEAR	W. 1810 P.O. 04 1400	7. DATE OF BIRTH	-90	BIRTHPLACE (State or Foreign			
	063 12 3718 1 1 × M 2 F		ONTHS DAYS							
	9e. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN O	R LOCATION OF DEA	ATH	9c. COUNT	Y OF DEATH			
OR I	Holy Cross Hospital		Silver	Spring	9	Mont	gomery			
EG	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
5	Maryland Montgomery	Che	vy Cha	ase			t 🗌 YES 2 🏝 NO			
FUNERAL DIRECTOR	100. STREET AND NUMBER		100	ZIP CODE) 8 1 5		USA	EN OF WHAT COUNTRY?			
N I	8519 Freyman Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI	MED			C ORIGIN? (Specify Ye		4. RACE — American Indian.			
BY FL	1 Never Married 2 Merried FORCES? 1 Y YES 2 N 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		If yes, spe	cify Cuben, Mexican 2.XXXIO Specify:	, Puerto Rican, etc.)	ee or No— 14. RACE — American Indian, Black, White, atc. Specify: White				
G			SUAL OCCUPATION done during mos		16b. KIND OF BU	SINESS/INDU	STRY			
91	Elementary/Secondary (0-12) College (1-4 or 5+)	. Do NOT use	retired.)	ice Off:	idor II	5 COI	zernment			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	reign	serv.		ME (First, Middle, Maider		vernmenc			
Ö	John Clemmons				Dobias	,				
TO BE	19e. INFORMANT'S NAME (Type/Print) 19i	b. MAILING A	DDRESS (Street e	nd Number or Rural R	oute Number, City or Tox	vn, State, Zip C	Code)			
-				above						
	1 Casuriet 2 Commetten 3 Removed from State Other Di	ece)		Garden:			Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	* Awel Sutremberles			ls Chur		22046				
	23. PART I. Enter the diseases, or complications that ceused the de shock, or heart fellure. List only one cause on each line		t enter the mo	de of dying, such	aa cerdlec or reap	lratory arre	et, Approximate			
				2	ti		Onest and Death			
- 1	reaulting in death) DUE TO (OR AS A CONSE	OUENCE OF:		7440	21 mm	<u></u>				
z	Coro	40	ny	di	terio	501	evosis			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) But to (OR AS A CONSEQUENCE OF): Coro Hour Orter (OSC (EVOSIS) DUE TO (OR AS A CONSEQUENCE OF):									
를 2	CAUSE (Disease or Injury that initiated events	OUENCE OF):								
FF	reaulting in death) LAST									
	PART II. Other significant conditions contributing to death but not i	reaulting in	the underlying	g ceuse given in			24b. WERE AUTOPSY FINDINGS			
S					PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEC					_		1 TYES 2 NO			
AN.	25. WAS CASE REFERRED TO MEDICAL		ne Pi	ACE OF DEATH (Chi	ok oak oas					
SICI	EXAMINER? TO YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		OTHER:	e 5 Residence						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WC	URY AT	28d. DESCRIBE HOW	INJURY OCC	URED			
ВУ	1 Natural 6 Pending 2 Accident Investigation			YES 2 NO	AN LOCATION (Street	and Mumber	Out Code Number			
COMPLETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
MPLE	(Creck only	(Check only 1 Charliff Ind Priscian: 10 the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated.								
	29b. SIGNATURE AND TITLE OF CONTIFIER			29c. LICENSE NUM			SIGNED (Month, Day, Year)			
TO BE	" Dol Soule w	S		D08	546) (1-16-90			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE			w 150	NIENO	A	is a regional			
	31. DATE FILED (Morth, Day, Year) NOV 2 0 1990 Jaz. REGISTRAR'S SIGNATURE Only 1990 July Javedon-Agriculture									
	1.0. No 1000 And 11.									

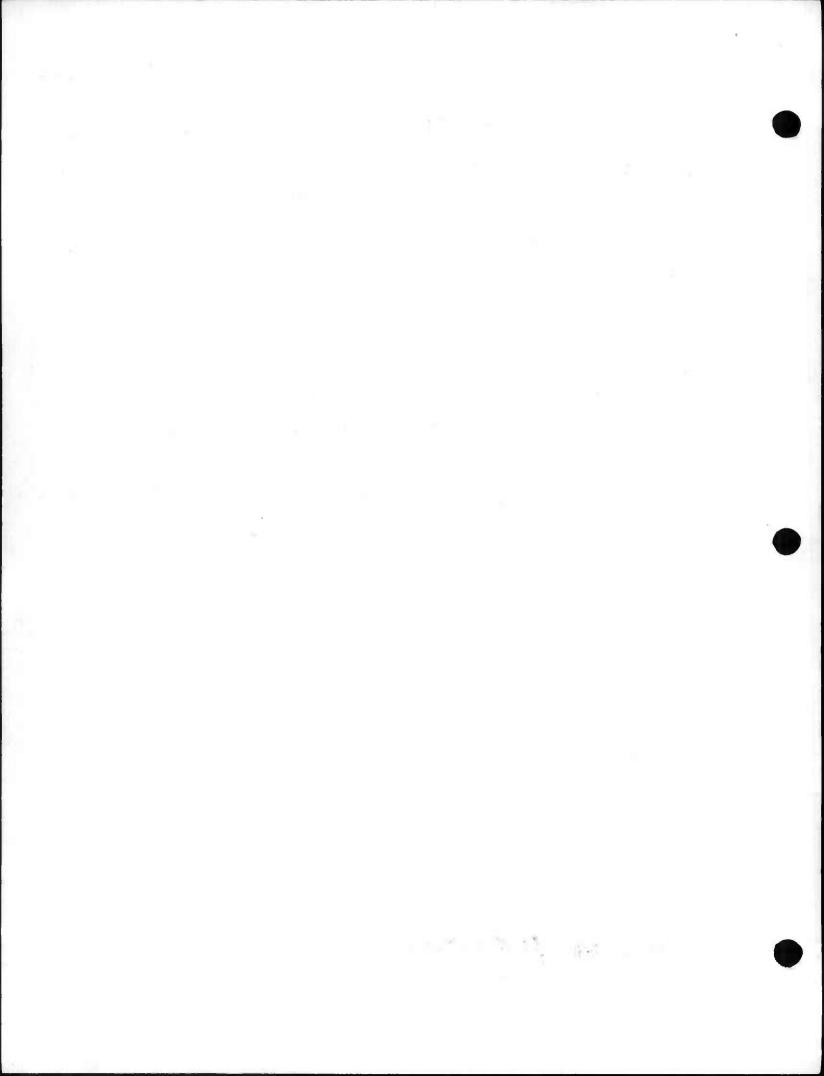


BALTIMORE, MARYLAND 21203-3146	24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ht be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

NOV 2 0 1990

P. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF N			TMENT O			MENTAL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)	BETTY H	. SANDE	RS .	DEX	25	5	2. DATE OF DEATH	1990	YEAR 90	3. TIME OF DEATH 95 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birth				IF UNDER 1 YE		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHI Country	PLACE (State or Foreign
	233-34-8715 10 M2 PF 66			YAS.	MONTHS D/	AYS F	HOURS MIN.	FEB. 16,	1924	VIRGINIA	
	9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TO	WN OR	LOCATION OF DE	ATH	9c. COUN	ITY OF DE	ATH
OR	GOOD SAMARITAN HO	SPITAL			BALTI	MORE	E CITY				
[다	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		I soc CIT	Y, TOWN OR L	OCATIO	N.			Т	10d. INSIDE CITY
DIRECTOR	William I have a new constant								LIMITS?		
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										
FUNERAL	2 JULIET LANE, UNIT 303 21236 U.S.A.										
N.									- American Indian,		
	1 Never Married 2 Married		YES 2 X		If ye	s, speci		n, Puerto Rican, atc.)		Black	, White, etc.
ВҰ	3 Widowed 4 Divorced	# 100, 0x12 !			_ '-	, 100 2	23 NO Option	,		WHIT	È
ED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCU	PATION	of working	16b. KIND OF BU	SINESS/IND	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe	. Do NOT u	se retired.)			BALTIMO			
COMPL	N/A N/	A	CHI	LD A	CCOUNT			BOARD O		CATI	ON
8	17. FATNER'S NAME (First, Middle, Last)					1	ORANIE STATE	ME (First, Middle, Maiden	Surname)		
BE	CECIL HAWLEY						AUDRA 1				
5	19a. INFORMANT'S NAME (Type/Print)	UGHTER:)						Route Number, City or Tow		,	01007
	DONNA SANDERS-BER	RZELLINI						ALTIMORE,	MARYL CATION —	_	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 D Other (Specify)		other pi	ace)			tery, cremetory or EMETERY				ARYLAND
	21. SIGNATUJE OF FUNERAL SERVICE LIC		- 01222	.,,	22. NAI	ME AND	ADDRESS OF FA	CILITY			***************************************
	Harney	W. 1.	Bair)	970.	IMUI 5 BI	NEK FUNI ELAIR RO	ERAL HOME, DAD, BALTI	MORE,	MAR	YLAND 21236
	23. PART I. Enter the diseases or of shock, or heart failure.				not enter the	e mode	e of dying, suc	h as cardiac or resp	Iratory arr	est,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final										Onset and Death
	disease or condition resulting in death)	DAT	CELL		ARCII	MON	UA OF	= LUNG			12 YRS.
		OUE TO	(OR AS A CONSE	OUENCE (PF):						
N	Sequentially list conditions,	b	(OR AS A CONSE	OUENOE (
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE 10	(OH AS A CUNSE	OUENCE (n-):						
CERTIFICATION	CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONSE	OUENCE (PF):						1
E	resulting in death) LAST	4									
끙		a									
AL	PART II. Other algorificant condition	pro-		_						24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC/	BILATERAL MAS	INCION	7 +0)	2 (M- KIKE	775	1-1767	1 🗆 YES	NO SE		COMPLETION DF CAUSE OF DEATN?
Σ											1 TYES 2 NO
ÿ											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? CONTROL CON										
ΥS	1 YES 2 NO	1 Dunpatient 2		_				8 Other (Specify)	N 11100 00	OUDED	
1	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE Of (Month, L	Day, Year)	28b. Til	JURY	WORI		28d, DESCRIBE HOW	INJURY OC	COMED	
-	2 Accident Investigation	28e PLACE (OF INJURY — At h	ome ferm			3 2 NO	26f. LOCATION (Street	and Number	r or Pairal B	Inute Mumber
COMPLÉTED	3 Suicide 6 Could not be determined	bullding	, etc. (Specify)	, 140711	, (2010)	,		City or Town, State		3	
) LE	294. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best or	f my knowledge, d	eath occur	red at the time	, data a	and place, and dus	to the cause(s) and ma	nner as sta	ted.	
MC	(Check only one) 2 MEDICAL EXAMINE						-) and manner as stated.
S H	296. SIGNATURE AND TITLE OF CERTIFIE	R)	- 107	. A	Acres .		29c. LICENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
m	lipla theko	no A	24	M	.D.		GS		•	11.	17 90
. 0	30. NAME AND ADDRESS OF PERSON WH		ISE OF DEATH (ITE	M 27) (Typ	e, Print)				-	117	1 1
2	Set Ithing Albertage of I Ellegit III										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-words after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neitfiled at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENE REG. NO.	'	20	01104
	1. DECEDENT'S NAME (First, Middle, La	est)					OF DEATH		3. 1	IME OF DEATH
ì	Leroy N. STAUBS Jr. November 15, 1990									
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH	6. 8	BIRTHPLAC	CE (State or Foreign
	216-16-8323 A	216-16-8323 A IN M 2 F 67 VRS. MONTHS DAYS HOURS MIN. (MONTH Pey, Mean 1928 Country)								
_	9a. FACILITY NAME (If not institution, gi				OR LOCATION OF DE			9c. COUNTY		1
9	Franklin Squ	_	1.1		Rossvill	Le		Baltin	nore	
2	RESIDENCE OF DECEDENT		10c. CITY	TOWN OR LOC	ATION				104	. INSIDE CITY
DIRECTOR	Md.	BAltimore			ssex					LIMITS?
اد	10e. STREET AND NUMBER			1	Of, ZIP CODE		т Т	10g. CITIZEN		
FUNERAL	1052 Middle	oorough Road	l		212	221			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		CENDENT OF HISPAN			or No- 14.	RACE - / Black, Wh	American Indian,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	ATES		pecify Cuban, Mexica S 2 ⋤ NO Specify		ican, etc.)			White
		<u> </u>								
国	15. DECEDENT'S I (Specify only highest g	rade completed)	(Give kind of wo	ork done during r	ION nost of working	16b.	KIND OF BUSI	INESS/INDUST	RY	
ا ڌ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Shop	,	ward					
M	17. FATHER'S NAME (First, Middle, Last)		-		16. MOTHER'S NA	ME (First M	Drirlin Mairian S	Surnamel		
BE COMPLETED	Leroy Nicho		r.					merin	ger	
	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Stree	end Number or Rural i	Route Numb	er. City or Town	, State, Zip Coo	de)	
2	Gloria Staul	os	1052	Midd.	leboroug	gh Ro	oad B	Altim	ore	Md.21221
	20a. METHOD OF DISPOSITION 1	Removal from State	Metro C	remate	ometery, cremetory or or or Inc.	,		ation — chy 1 timo		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			AND ADDRESS OF FA					
	1/8 00	Euro Wall	h	Con	nellyFur	nera.	LHome	300Ma	ceA	ve.21221
	23. PART I. Enter the diegases,	or complications that cause	d the death. Do no	ot enter the n	ode of dying, suc	h ee card	lac or respir	ratory arrest,		Approximate
	shock, or heart fellu IMMEDIATE CAUSE (Final	ire. List only one ceuse on a	each line.							Interval Between Onset and Death
	disesse pr condition	Chronic	Myelogono	us Leu	keimia					
	resulting in death)		A CONSEQUENCE OF							
Z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate									
2	CAUSE (Diseese or injury	ceuee. Enter UNDERLYING CAUSE (Disease or injury								
E	thet initiated events resulting in deeth) LAST	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):							9
5	d									
AL O	PART II. Other significent condi	itiona contributing to death	but not reaulting in	the underly	ng ceuse given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
5								was a Va		MPLETION DF CAUSE DEATH?
힐										YES 2 NO
ä					-					
₹	25. WAS CASE REFERRED TO MEDICA EXAMINER?				PLACE OF DEATH (Ch	neck only on	e)			
SIC	1 YES 2 X NO	HOSPITAL: 1 Ainpatient 2 ER/Out	patient 3 DOA	OTHER: 4 - Nursing H	me 5 🗆 Raaldenca	6 🗆 Other	r (Specify)			
Y PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending Investigat	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY Y	NJURY AT VORK?] YES 2 _ NO	28d. DES	CRIBE HOW I	NJURY OCCUR	ED	2
ED BY	2 Accident Investigat 3 Suicide 6 Could not 4 Homicide determine	28s. PLACE OF INJUR building, etc. (Spo		a, farm, street, factory, office 28f. LOCATION (Street and Number of City or Town, State)			and Number or F	Rural Route	Number,	
Fi	290. CERTIFIER									
COMPLETED	(Check only	HYSICIAN: To the best of my know MINER: On the basis of examinati							ause(e) en	d menner ee stated.
	29b. # GNATURE AND TITLE OF CERT	TIFIED			29c. LICENSE NU	MRED		29d DATE N	OHED ON	inth, Day, Year)
B	alos A	Umeida Do			23284	1121	213	► 11/	15/9	0
2	30. NAME AND ADDRESS OF PERSON				·			-		
			.D.	9000	Franklin	Sq. I	Dr., Ba	alto.	212	37
	NUV 2 0 1990	July Davine.		NO	V 2 0 1990	4	dia Sair	don-B	ndess	
					V 1000					DHMH-16 Rev 1/89

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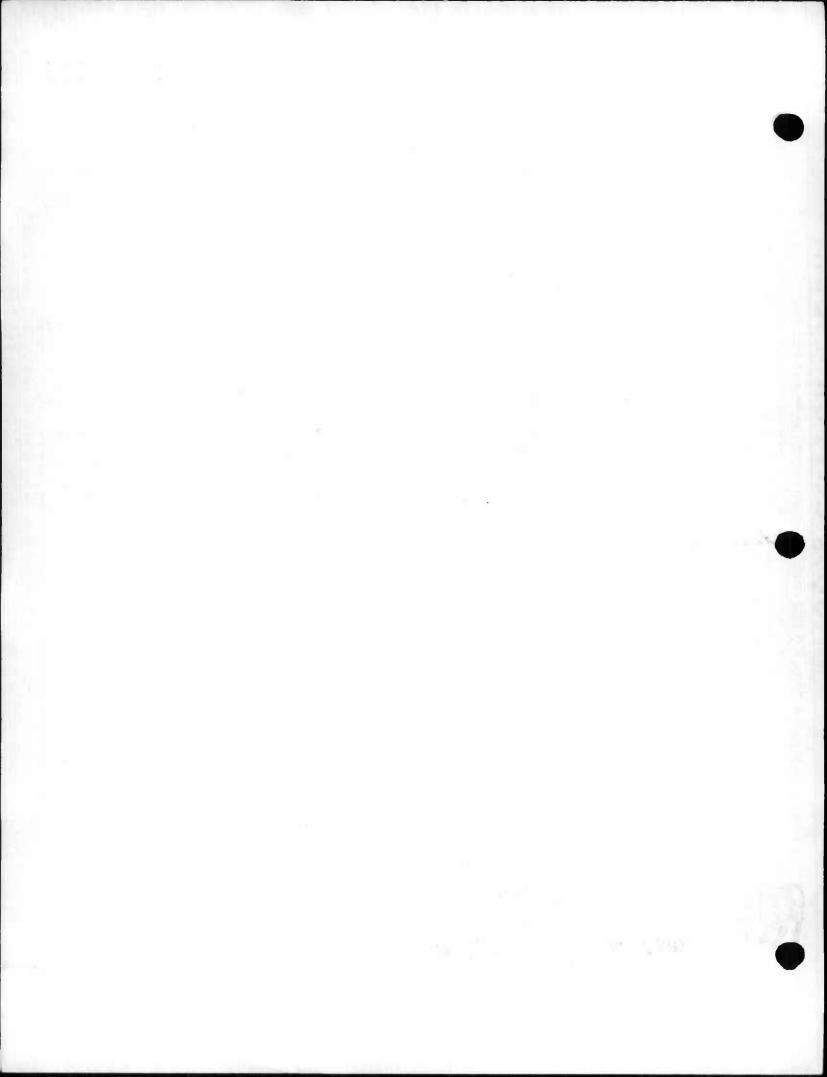
HE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE TUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT: If New 28 is marked, or New 31 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OI	- DEAT	TH		REG. NO.

	1 - FOR STATE OF MARYLAN		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	30 01700
	1. DECEDENT'S NAME (First, Middle, Last) MSGR. Albert T. Stallir	ngs		2. DATE OF DEATH MONTH DAY NOV. 18,1	9 9 0 3. TIME OF DEATH
		MONT	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	220-44-8892 1 Text 2 TF 8	2 YRS.	CITY, TOWN OR LOCATION OF DE	July8,1908	
Œ	Frances Scott Key Hospit		BAltimore	ATH 9c.	COUNTY OF DEATH
5	RESIDENCE OF DECEDENT				
DIRECTOR	Md. BAltimore	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?
10	100. STREET AND NUMBER		Baltimore 100. ZIP CODE	100	1 TYES 2 NO
ER/	4414 Frankford Ave.		2120	6	USA
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 ₩NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puarto Rican, etc.)	
	15. DECEDENT'S EDUCATION 16	a. DECEDENT'S USU/	AL OCCUPATION	16b, KIND OF BUSINES	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+		one during most of working ed.)		Catholic
S S	17. FATHER'S NAME (First, Middle, Lest)		16. MOTHER'S NA	ME (First, Middle, Meiden Surna	me)
BE (John A. Stallings			rah Rarlton	
2	19a. INFORMANT'S NAME (Type/Print) Daniel Stallings		RESS (Street and Number or Rural I		
			ain Ave. Pa		Y Land N — City or Town, Sista
- 1	1 Burial 2 Cremation 3 Removal from State	her place)	ral Cemeter		timore Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	(m)	22. NAME AND ADDRESS OF FA	CILITY	300MAceAve.2122
CERTIFICATION	n any, reading to immediate	COLON COLON			Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditione contributing to deeth but REMAL INSURFACION CY	not resulting in th	e underlying ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 DK	7 AVAILABLE PRIOR TO COMPLETION OF CAUSE
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch	eck only one)	
YSI	1 VES 2 NO 1 Inpatient 2 ER/Outpatie	mt 3 DOA 4 E	HER: Nursing Home 5 - Residence	8 Other (Specify)	
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED
	3 Suicide 8 Could not be 4 Homicide determined	At home, farm, street	, factory, offica	281. LOCATION (Street and No City or Town, State)	umber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination a				
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER Melina M. Chuser	mon t	10 ATYLYT	357MC90 ≥	L DATE SIGNED (Month, Day, Year)
	FRANCIS SCOTI KEY HOSP	(ITEM 27) (Type, Print	Dept one Si	irsery	
	NOV 2 0 1990 Since Saydon-Ray			<i>o</i> - <i>i</i>	



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examiner must be

Pages 1, 2, 3 should

permit.

BALTIF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. P.	TO THE FUNERAL DIRECTOR-After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine
13146,	executed within	and completel to burial, crema	matic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	h certificate be	anding physiclar Hygiene prior	or other trau
ORDS, P	s that the deat	alth and Mental	s any injury,
TAL REC	The law require	ate has been signate Dept. of He	em 23 shown
N OF VI	VG PHYSICIAN:	ter this certification attraction at the St	marked, or li
DIVISIO	L OR ATTENDIR	L DIRECTOR: A	item 28 ts 1
	TO THE HOSPITA	TO THE FUNERAL DIRECTOR-After this certificate has been signed by the attending physician, and completely filled in by the ibe filled within 72 hours, after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: H

BE

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11

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1. TIME OF DEATH EARLINE SMITH YEAR 3:25 PM 1990 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yea S. SEX B. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 216-30-2153 1 - M 2 F 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH Merce DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MU 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 222 3 2/2/6 1995 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, F

1 YES 2 ND Specify: 1 Never Married 2 Married Black BY 3 Widowed 4 Divorced ETED 18a. OECEDENT'S USUAL OCCUPATION
(Takes kind of work done during most of working) 16. OECEDENT'S EDUCATION (Specify only high (Give kind of work done life. Do NOT use retired.) hildren Elementary/Secondary (0-12) College (1-4 or 5+) Public School COMPLI 114 17. FATHER'S NAME (First, Middle, Last) Hinderson 1947, THEORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. 2 Patricia 2/2/6 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (No 20c. LOCATION - City nation 3 🗆 i Hon 4 Donation 5 Other (Specify) 2. NAME AND AQDRESS OF FACILITY land Tall 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between DUE TO (OR AS A CONSEQUENCE OF):

CARCIN OMA Onset and Death IMMEDIATE CAUSE (Final CARCINOMA METASTATIC to Lung disease or condition Month resulting in death) (WITH BRONCHIAL)
bildrew obstruction YEAR cna CERTIFICATION Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETED-BY PHYSICIAN: MEDICAL metastatic IVER CARCINOMA COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify) .27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 Could not be determined 4 🔲 Homicide

29s. CERTIFIER

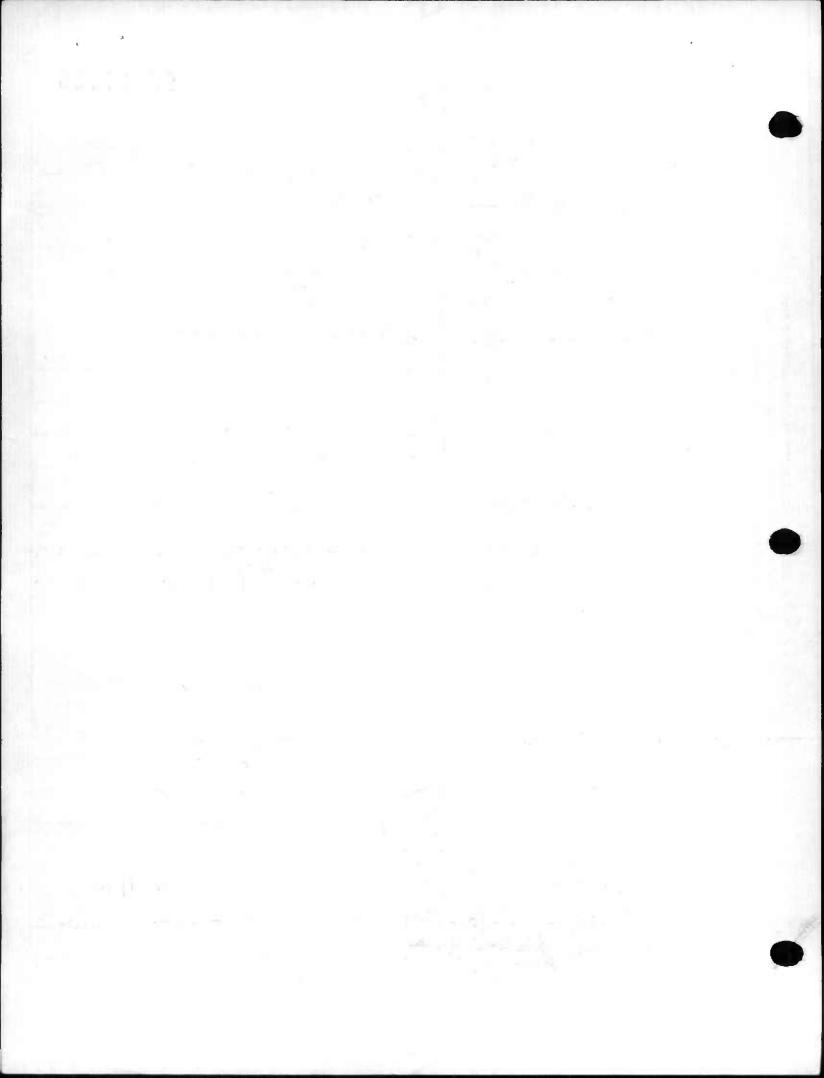
(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CHATTETER 29c. LICENSE NUMBER 29d. DATE \$IGNED, (Month, Day, Year) P11/17/90 30. NAME AND ADDRESS OF BENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTIMORE ST. PAUL PLACE MERCY HOSPITAL, 21202

ROBERT 31. DATE FILED (Month, Day, Year)

NOV 2 0 1990

32. REGISTRAR'S SIGNATURE

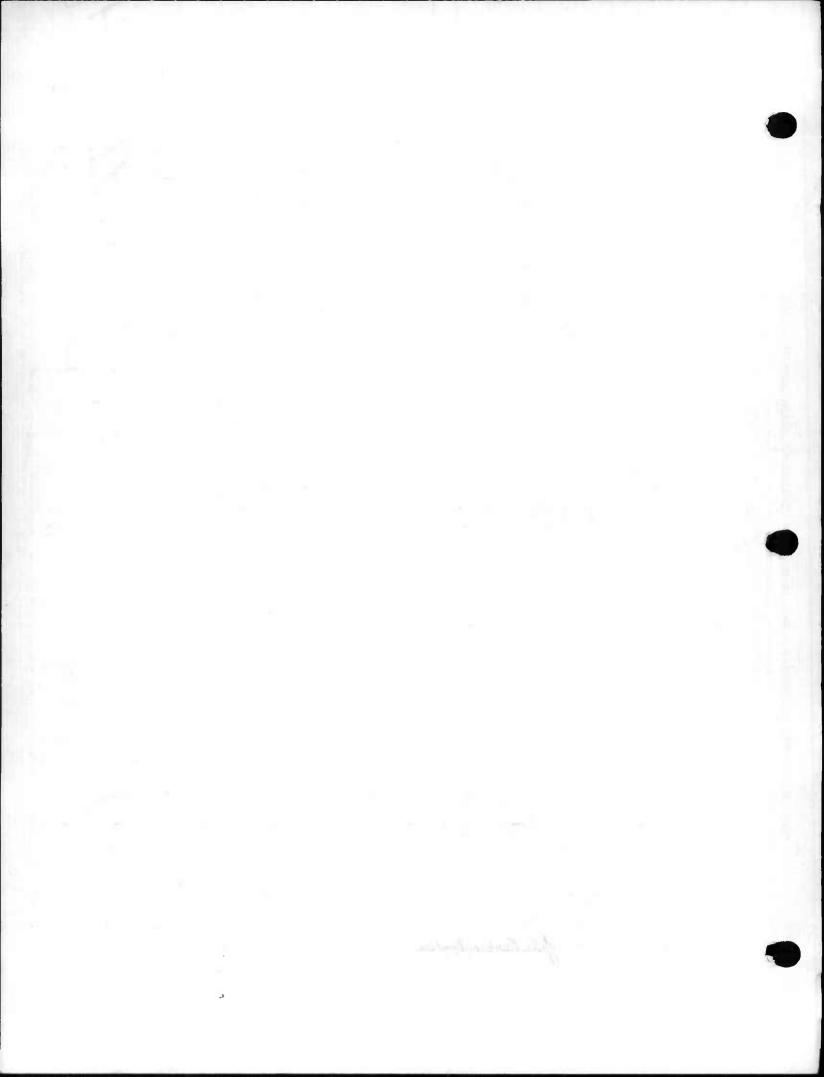


pecuted within aurs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	burial, cremation, or removal.	atic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Julys after death, Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAN		CENTIF	ICALL	PUEATH	HEG. NO	J.	
1. OECEDENT'S NAME (First, Middle, Last)	ENNY (TENNEY)			2. DATE OF DEATH MONTH	P	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	C		T INDON A WEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	, ,	
249-12-0799	a rock (iii yra. max androwy) ii drock i takin ii drock						L BIRTHPLACE (State or Foreign Country)
			3/10/19	_	S. CAROLINA		
9a. FACILITY NAME (If not institution, give s				N OR LOCATION OF E		9c. COUNT	Y OF DEATH
LIBERTY MEDICA	L CENTER		BAL	TIMORE (CITY	1	
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	,	L 40 - 00	TY, TOWN OR LO				
							10d. INSIDE CITY LIMITS?
MARYLAND		I	BALTIM	ORE CITY	Ž .		1 X YES 2 □ NO
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
223 MT. HOLLY	STREET			21229	9	US	SA
11. MARITAL STATUS	12. WAS DECEOENT EVE FORCES? 1 \(\bigcap\) Y	R IN U.S. ARMEO			NIC ORIGIN? (Specify Y	es or No- 1	4. RACE — American Indien, Black, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 🗆 1	ES 2X NO Spec	an, Puerto Rican, atc.)		Specific
3 2 Swidowed 4 Divorced							BLACK
15. OECEOENT'S EDU (Specify only highest grade		16a. OECEOENT'S	Work done during	ATION	18b. KINO OF B	USINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	ise retired.)	most or morning			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Melde	n Surname)	1000000
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stre	et and Number or Rura	Route Number, City or To	wn, State, Zip C	Code)
EDITH JONES		223	мт. но	LLY STRE	ETT: BALT	TMORE	E, MD. 2122
20a, METHOD OF DISPOSITION		20b. PLACE OF DISPO					ity or Town, State
4 Donation 6 Other (Specify)	oval from State	other place)		CEMETERY			RE, MARYLAN
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	MI. AC		AND ADDRESS OF F		TIMOR	CE, PIAKILIAN
W.		AA				N FUN	VERAL HOME
MANUEL	1. 115	RUV			Y HEIGHT		
disease or condition resulting in death)	DUE TO (OR	PIRATIO AS A CONSEQUENCE O PTICUL	N PA	EUMON	IA		
Sequentially list conditions,	b. DUE TO COR	AS A CONSEQUENCE O	CCC	PISEM	>c		
If any, leeding to immediate cause. Enter UNDERLYING		PSIS	ж).				
CAUSE (Disease or Injury		AS A CONSEQUENCE O	NE).				
that initiated events resulting in deeth) LAST	P	TERUDA-	17124 F	RRESI			
	d	5 31 1191	. 01- / /	11440			
PART II. Other significant condition	s contributing to dear	h but not resulting	in the underl	ring cause given in	Pert I. 24a. WAS A PERFC	N AUTOPSY DRIMED? 2 100	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 4 TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			PLACE OF DEATH (C	theck only one)		
1 □ YES 2 □-NO	1 Inputient 2 ER/	Outpatient 3 DOA	OTHER: 4 Nursing I	fome 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJU (Month, Day, Ye		ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCL	JRED
1 Natural 8 Pending 2 Accident Investigation	1			YES 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At home, ferm, Specify)	street, factory, o	ffice	281. LOCATION (Street City or Town, State		r Rural Route Number,
enal	ICIAN: To the best of my k						d. cause(a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE N	JMBER	29d. DATE	SIGNED (Month, Day, Year)
Terance & Aa	- no. m	dical Ta	Phypia	D375	43	 	1-14-90
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	1	e, Print)		Belting 1	47 -	Tare
TORTING C. C.	112 control		died a	المالك	اعتدر درسو ا	rd. 00	140
31. DATE FILED (Month, Day, Year) NOV 2. 0.1000	32. REGISTRAR'S S						



BALTIMORE, MARYLAND 21203-3146	EXECUTIONS PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physic	
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BY

BE COMPLETED

2

2 Accident

3 Suicide

4 Momicid

	FOR STATE REGISTRAR		STATE OF M	MARYLAND /				EALTH I		IENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Min	ddle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
	Harold	Leon		Wel	dd			MDNTH	1-16-9	Ő	YEAR	12:47AM	М		
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE C	OF BIRTH			IPLACE (State or Foreign	
	220-05-4829		1 🔀 M 2 🗌 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	Sep	t.5,19	15	Pe	nnsylvani	a
OR	98. FACILITY NAME (If not instituted to the second	Road						ore C					imor	e County	
DIRECTOR		b. COUNTY	120		0.00	Y, TOWN C		ION		-				10d. INSIDE CITY LIMITS?	
	Maryland	Balti	more] _ S	park								1 TYES 2 NO	
₹I	10e, STREET AND NUMBER						101	ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY?	
띮	16129 York	Road	d					211	152				US	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO NO		If yes, sp	ENDENT OF ocity Cuban 2 A.NO	, Maxican	, Puerto R	? (Specify Yea licen, atc.)	or No—	14. RACI Blac Spec	E — American Indian, k, Whita, etc. White	
COMPLETED	15. DECEDI (Specify only hi Elementary/Secondary (0-12			(0	ECEDENT'S Sive kind of a. Do NOT u	USUAL Of work done (se retired.)	CCUPATIO during mo	N st of working	7	18b.	KIND OF BUS	SINESS/IN	DUSTRY		
김	, contract of the contract of		1		ontra	actor					Cons	truc	tion		
NO.	17. FATHER'S NAME (First, Middle							1000			fiddle, Maiden				
BE	Franklin	Pier	ce Webb)				Lill	lian	Mau	de Sc	hrad	e		
2	19a. INFORMANT'S NAME (Type			15							er, City or Town				
۲Į	Joanne Hurs	t We	bb_		1612	9 Yo	rk	Road	, Spa	rks,	, Mary	/land	1 21	152	
	20a: METHOD OF DISPOSITION 1 Description Services Service	3 🗆 Ramo	oval from State	20b. PLACE	of DISPO	rema	tory				Cat	tons	ville	own, State , MD 21228	
	21. SIGNATURE OF FUNERAL S Martin [11/1/11	Z.O.	quise	22. Le	MAME AI	n-Mit	tche	II-Wi	ulane	y Va	lley	Home of Padonia	
	23. PART I. Enter the disa shock, or hear IMMEDIATE CAUSE (Final		complications the List only one car										rreat,	Approximate interval Betw Onset and De	reer
	disease or condition resulting in deeth)	•	. Multip	ole guns	shot o	Wound	ds								_
ATION	Sequentially list condition if any, leading to immedia ceuse. Enter UNDERLYING	ite	DUE TO	(OR AS A CONSE	EQUENCE O	OF):							_		
CERTIFICATION	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	l.	DUE TO	OR AS A CONSE	EOUENCE	OF):									
PHYSICIAN: MEDICAL	PART II. Other significant	condition	e contributing to	deeth but not	reaulting	In the ur	nderlyin	g cause g	iven in	Part I.	24a. WAS AN PERFOR	AMED?	24	D. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? XX YES 2 \(\sum \) NO	
ż															
ICIA	25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL:			OTHE	B.	ACE OF DE							
ΥS	1 MANUER OF REAL		1 Inpetient 2		_			**************************************	eldenca			AL HIPPA	0011550	-	_
/ PH	27. MANNER OF DEATH 1 Netural 5 Pe	nding	286. DATE OF INJURY 11 15-90 1286. TIME OF 286. INJURY AT WORK? 11 1 YES 2 XX00 Subject shot.												

29a. CERTIFIER
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28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIONED (Month, Day, Year)

OCME

Home

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
MARGARITA A. KORELL, MD

111 Penn Street, Baltimore, MD 21201

281. LOCATION (Street and Number or Rural Route Number, 16129 Work Road, Baltimore Co.MD

11-16-90

31. DATE FILED (Month, Day, Year) 1990 July Surface Surface Signature Fundamental Surface Surf

DHMH-16 Rev 1/89

VC

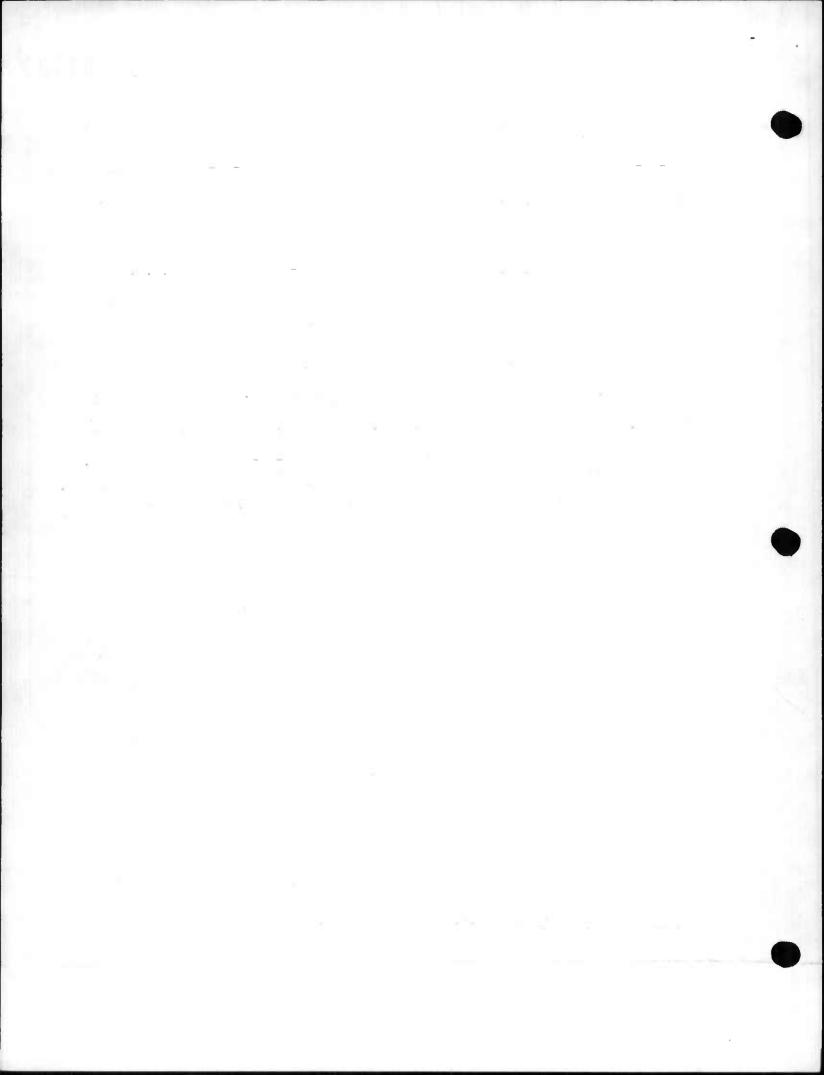
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OF VITAL RECORDS, P.O. BOX 13146,	and the state of t
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ITEMONG PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	Section and this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OF ATTENDING PHYS	THE FUNERAL DIRECTOR ADD THIS	s filed within 72 hours after death with	APORTANT: If Item 28 is marked

FOR	OTATE OF 1440VI 4ND	/ DEDARTS		FAISH AND	MENTAL 117/0151	-	90	3173
1 - STATE REGISTRAR	STATE OF MARYLAND C	ERTIFIC			MENIAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NY.	YEAR 3	TIME OF DEATH
VIVIAN L.	WASKIEWICZ				11 19		0	4:00/4
171-24-3860	6. AGE (In yrs. In	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-18-19	28	Per	ACE (State or Foreign
90. FACILITY NAME (If not institution, give street 11054 Philadelphia		98		R LOCATION OF DE	EATH	9c. COUNT Bal		re. MD
11054 Philadelphia RESIDENCE OF DECEDENT 100. STATE Maryland Balt	imore		own on LOCAT					od. INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER 11054 Philadelphia 11. MARITAL STATUS 1 Navy Martind 11. Navy Martind 12. Married	Road Bay 7			ZIP CODE 21162-17	20	1 - 1	N OF WH	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. (FORCES? 1 YES 2 VIF YES, GIVE WAR OR DATES	RMED NO	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No-	4. RACE - Black, 1	- American Indian, White, etc.
	1011	DECEDENT'S US	111 0001101710		16b. KIND OF BU	1		nue
(Specify only highest grade cor	npleted) College (1-4 or 5+)	Give kind of work to Do NOT use n	done during moderated.)	st of working	Brentw			
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12) 2 17. FATHER'S NAME (First, Middle, Last) Et a d a triad a last	7000	warte	30	16. MOTHER'S NA	ME (First, Middle, Melden		LYL	
Frederick L. Shall	enberger				e E. Dingli			
190. INFORMANT'S NAME (Type/Print) Holly B. Stanley	1				Perry Hal		2 1	128
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	t down Dave other	E OF DISPOSITI	ON (Name of cen	netery, cremetory or		CATION — CI		,
21. SIGNATURE OF FUNERAL SERVICE	Courding		Duda-	Ruck Fun	eur eral Home enue. Balt	of Du	nda1	k. Inc.
IMMEDIATE CAUSE (Final	metals and the course of the course on each lit only one cause on each lit only one that the course of the course	ne.	anter the mo	de of dying, suc	h as cardiac or reap			Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS							
d								
PART II. Other algnificant conditions of	contributing to death but not	t resulting in t	the underlying	g cause given in	Part I. 24s. WAS AN PERFO	RMED?	6	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
								_ :== - U MV
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH	IOSPITAL:	1-		ACE OF DEATH (C)	neck only one)		-	
1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpetient	3 DOA 4			6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WC	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	NJURY OCCI	JRED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, factory, offic		28f. LOCATION (Street City or Town, State	and Number o	or Runsi Ro	ute Number,
29e. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge, On the basis of examination and/o							and manner as stated.
298. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	1 1 -	//		29c. LICENSE NU				Month, Day, Year)

7801 York Rd.

Shirley Thomps ha Lavidson-Randell



OHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDATE PROSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: Marking on sortificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	RAL	24	I. If
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FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO			
1. OECEDENT'S NAME (First, I	Teresa M. W	olverton		2. DATE OF GEATH MONTH, 18	90	3. TIME OF DEATH 5: 1 P. M	
4. SOCIAL SECURITY NUMBE 212-03-4429	1 □ M 2 🐙 F	2 YRS. MONTHS		7. OATE OF BIRTH (Month, Day, Year)	08	BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not instead	sing Center	75%	r, town or location of d Baltimore (i		9c. COUNTY	OF OEATH	
)	10b. COUNTY	10c. CITY, TOWN	emore City			10d, INSIDE CITY LIMITS? 1 XYES 2 NO	
10. STREET AND NUMBER 1012 South 11. MARHTAL STATUS	Baylis Street		101. ZIP CODE 21 224			of what country? S.A.	
11. MARITAL STATUS 1 Never Married 2 Nover Married 2 Nover Married 2 Nover Married 2 Nover Married 1 Nover Mar	I IF YES, GIVE WAR OR	2 NO	WAS OECENOENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 1 NO Specify	an, Puerto Rican, etc.)	o or No— 14.	RACE — American Indian, Black, White, etc. Specify: White	
(Specify only Elementary/Secondary (0-	DENT'S EDUCATION highest grade completed) College (1-4 or 5 +)		during most of working	16b. KIND OF BU			
	P. Hohenstein	Procession	16. MOTHER'S N.	AME (First, Middle, Maiden Fulbacter		ty Admin.	
190. INFORMANT'S NAME (7/1) John 7. Ro	pe/Print)	196. MAILING ADDRE	ss (Street and Number or Rural ton Heights A	Route Number, City or Toy	vn, Stere, Zip Co	^{do)} 206	
20s. METHOD OF DISPOSITION 1 Mariel 2 Cremation 4 Donation 6 Other	N 3 □ Removal from State Specify)	other place Heart	of Jesus (en	netery Du	cation - city	Md.	
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE	2:	harles S.Ze	iler & Son	Inc. 9	01 S. Conkling St.	
Sequentially list condition resulting in death) Sequentially list condition from the sequentially list condition from the sequentially list condition from the sequential from the sequen	s. Metust DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	encinal T	Maligna	ency	Zyears	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	nt conditions contributing to desth	but not resulting in the	underlying couse given in	PERFO	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 2 NO OF DEATH? 1 YES 2 NO YES 2		
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL: 1 Inpatient 2 ER/O	stration 3 DOA	26. PLACE OF DEATH (C ER: uraing Home 6 - Residence				
	26e. DATE OF INJURY (Month, Day, Year,	Y 26b. TIME OF	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED	
a Davidso	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, street, fi	actory, office	261, LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
CONSULT OF MY	FYING PHYSICIAN: To the best of my knot						
296. SIGNATURE AND TITLE	or centrifies		29c. LICENSE N	UMBER	29d. DATE 5	GARED (Month, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	BID S. Con	Kling St.	Bath	- HD2122U	
31. DATE FILED (Month, Day, NOV 2	1990 Suha Javid	GNATURE AND ARE		7		7	

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO John W. Weber Weber (Wlodarek) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 90 Ohn 7. DATE OF BIRTH (Month, Dey, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAVE Md. 84 32-8650 1 M 2 F 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Merrey Center Medica DIRECTOR **POCIÓNACION** Baltinone RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Md. Baltimore (ity 1 X YES 2 | NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 410 South Robinson Street 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried
3 Widowed 4 Divorced IF YES, GIVE, WAR OR DATES Specify: White BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Tool Maker Westinghouse (orp. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Walter Weber Helen Adams ᇴ notified 19e, INFORMANT'S NAME (Type/Print) 19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIO Code)
410 S. Robinson St. Balto., Md. 21224 2 Susan Weber pe 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Green Mount (rematory Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner 901 S. Charles S. Zeiler & Son Inc. Conkling St. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between 6 Onset and Death **IMMEDIATE CAUSE (Final** event, the disease or condition OUE TO (OL AS A CONSEQUENCE OF) len the resulting in death) Pseudomon traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Iwk CAUSE (Diseasa or injury that initiated events wore the resulting in dasth) LAST adeno carcinema 1 week PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 _ YES 2 _ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 25. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES ZYNO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) b 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined ETED. 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as atsted. IMPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(a) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Beine 35740 11-17-90 M 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, Paul Melba 333 Being 32. BEGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)

Julia Davidson-Randelle

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turn has been signed by the attending physician an sum of the signer of The law requires that the death certificate be HOSPITAL OR ATTÉNITY E FUNERAL DIRECTOR d within 72 hours after RTANT: If Hem 28 HE BE 223

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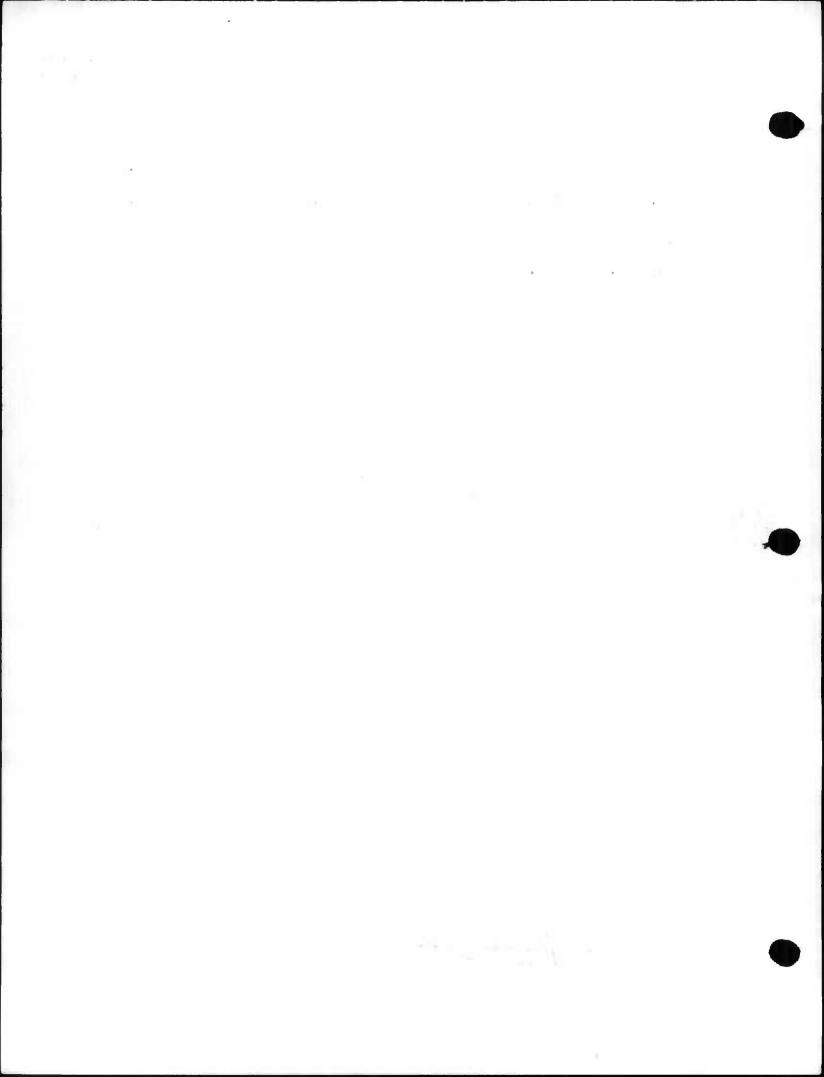
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arth. Page 6 may be retained by the hospital or attending physician.

In a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146 maminer must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and committed be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, commonly important: if Nem 28 is marked, or item 23 shows any injury, or other traumatic events. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE OF MARYLAN 1 - REGISTRAR	D / DEPARTM			IENTAL HYGIEN		
f	1. DECEDENT'S NAME (First, Middle, Last)			1	2. DATE OF DEATH		3. TIME OF DEATH
,	Herman Alonzo White			i	MONTH 10	7 90	1425 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y	rs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. 81	RTHPLACE (State or Foreign
H	140 09 6046 1 1 1 1 75	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Dey, Year) 2 19 15		a., USA
	9e. FACILITY NAME (If not institution, give street end number)	91	CITY, TOWN O	LOCATION OF OE		9c. COUNTY O	
۳ ا	St. Agnes Hospital		Bal	to., Cit;	v	Balto	o., City
DIRECTOR	RESIDENCE OF DECEDENT				/	-0,2 0	
뿐	10e. STATE 10b. COUNTY		OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
	Md.	Bali	imore				1 YES 2 NO
Z.	2108 Mt. Holly St.		10f.	21216		USA	OF WHAT COUNTRY?
FUNERAL						-	
5	11. MARITAL STATUS 1 □ Never Merried 2 ☒ Merried 12. WAS DECEDENT EVER IN U. FORCES? 1 ☒ YES IF YES, GIVE WAR OR DATE	S. ARMED 2 V NO			C ORIGIN? (Specify Ye., Puerto Rican, atc.)	or No — 14. R	ACE — American Indien, Bleck, White, etc.
à l	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATE	s^	1 TYES	2 NO Specify:		s	Black
	15. DECEDENT'S EDUCATION 16	e. DECEDENT'S US	UAL OCCUPATIO	N -	16b, KIND OF BU	SINESS/INDUSTR	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos stired.)	t of working			
7	Liethanian groups (s-ta)				Beth	lehem S	teel
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NAM	NE (First, Middle, Maiden	Sumame)	
	William E. White			Win	nie Parke	er	
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	ORESS (Street a	nd Number or Aural A	oute Number, City or Tox	m, State, Zip Code)
임	Julia White	2108	Mt Hol	ley Stree	et Baltir	nore. Mo	d 21216
	20e METHOD OF DISPOSITION 1 \(\overline{A}\) Burlel 2 \(\overline{A}\) Cremation 3 \(\overline{A}\) Removal from State	LACE OF DISPOSITI	ON (Name of cen	etery, crematory or	20c. LC	CATION — City of	or Town, State
	4 Donetion 5 Other (Specify)	Arbu	itus Me	morial Pa	ark Ar	butus.	Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	CO F H	West sh Avenue		
	Yalu March		43	00 Wabas	sh Avenue		
	23. PART I. Enter the diseeses, or complications that caused the		snter the mo-	de of dying, such	se cardiec or resp	iratory srrest,	Approximats
1	shock, or heart fellure. List only one cause on esci						Interval Between Onset and Death
ł	disease or condition	al In	faret	nν			S. S. F. F. S. C. L.
ł	resulting in deeth) s. OUE TO (OR AS A CO	ONSEQUENCE OF):	1	0/1			
z	- Coman O	inten	Duren	-			
임	Sequentially list conditions, If any, leeding to immediate	ONSEQUENCE OF):	~				
CA	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	,				1	
뜯	that initiated events resulting in death) LAST	ONSEQUENCE OF):	0	7. 11	2.	.)	
CERTIFICATION	100 Million Mi	uple	10	a of	PANCER	5/	
AL C	PART II. Other significent conditions contributing to death but	not resulting in	the underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS
					PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE
							OF OEATH?
-					_		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	ck only one)		
Sic	EXAMINER? 1 ☐ YES 2 ☐ NO 1 ☐ Jinpetfent 2 ☐ ER/Outpetl		THER:	e 5 🗆 Residence	6 Other (Specify)		
ξ	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW	INJURY OCCURE	D
BY	1 Natural 5 Pending 2 Accident Investigation			ES 2 NO			
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — building, etc. (Specify,	At home, ferm, stre	et, factory, offic	•	26f. LOCATION (Street City or Town, State		ural Route Number,
1	4 Homicide determined						
7	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowled	lge, death occurred	at the time, date	end place, end due	to the cause(e) end me	inner ee stated.	
COMPLETED	one) 2 MEOICAL EXAMINER: On the basic of examination of	nd/or investigation,	In my opinion, d	eath occured at the	time, date end place, e	nd due to the car	use(e) end menner ee stated.
	200. SIGNATURE AND TITLE OF CERTIFIER	a PCS	130	29c. LICENSE NUN	IBER	29d. DATE BIG	RNED (Month / Day, Year)
BE	MARK France	Surgical	lesid			D /11/	17/90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	rint)				
	31. DATE FILED (Month, Day, Year) NOV 2. 0. 1990 4. PROISTRAR'S SIGNAT NOV 2. 0. 1990	URE					
	NOV 20 1990 gifta Davidson-Man						



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6,	within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

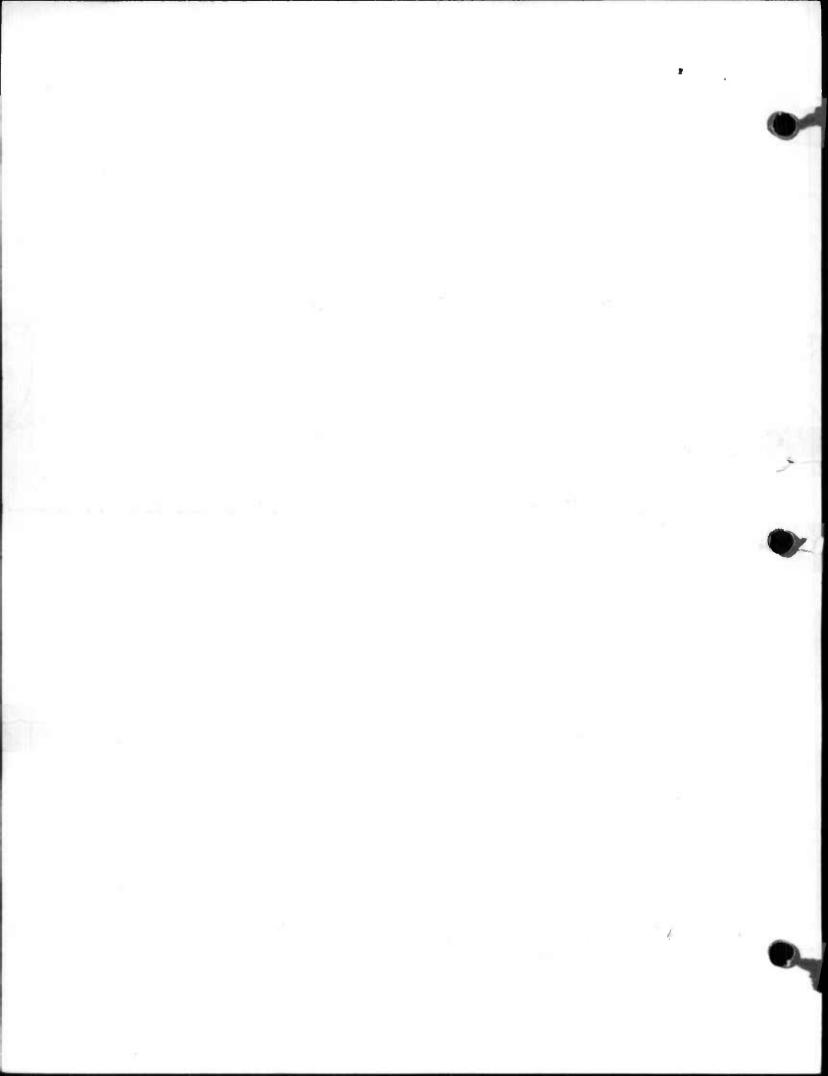
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

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31743 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	TATE OF MARYL		MENT OF I		MENTAL HYGIEN) 31/43
1. DECEDENT'S NAME (First, Middle, Last)		02//////	0,1,12 0,		2. DATE OF DEATH		3. TIME OF DEATH
Genevieve		WRIGH	\mathbf{T}		MONTH D.		12 .39 1
4. SOCIAL SECURITY NUMBER 5. SE		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		NRTHPLACE (State or Foreign
218-14-5439 1 General Properties of the Properti	M 2 F	65 YRS.		OR LOCATION OF DE	04/05/2	9c. COUNTY	MARYLANDO OF DEATH
FRANKLIN SQUARE	HOSPITAL		ROSS	VILLE		Balt	imore
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I so city	TOWN OR LOCA	TION	-		10d. INSIDE CITY
MD BALTO			LTO	anore .			LIMITS?
10e. STREET AND NUMBER		1 OA		of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
5618 DAYBREAK TI	ERRACE			21237		use	USA
11. MARITAL STATUS 12. V	MAS DECEDENT EVER I			CENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE — American Indian, Black, Whita, etc.
	FORCES? 1 YES F YES, GIVE WAR OR D	2 NO ATES		pecify Cuben, Mexica S 2 NO Specify			Specify:
15. DECEDENT'S EDUCATION	M	18a. DECEDENT'S	ISUAL OCCUPAT	ION	16b. KIND OF BU	PINESS (INDITIES	WHITE
(Specify only highest grade compl	leted) lege (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during m retired.)	ost of working	los rate or so	311123371112031	
8	loge (I-4 or 5 +)	HOUSE	WIFF		НОМ	E	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)	
ARTHUR BOWEN				LYDIA			
19e. INFORMANT'S NAME (Type/Print)		19b, MAILINO	ADDRESS (Street	and Number or Rural i	Route Number, City or Tow	n, State, Zip Cod	(0)
JAMES E. WRIGHT					ACE BALT		
20s METHOD OF DISPOSITION Burial 2 Cremetion 3 Ramoval for Control of Contro	rom State	other place)	RAINE		20c. LC	CATION — City	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICENSE	E			AND ADDRESS OF FA	CILITY		
- Co Ella	2		Cutc	4 Rosed	cle FH. 12		aco Are 21237.
23. PART Litter the diseases, or comp shock, or heart failure. List of			ot antar tha m	oda of dying, suc	h ss cardiac or resp	iretory srrest,	Approximats Interval Between
IMMEDIATE CAUSE (Final disease or condition		2.1					Onset and Death
resulting in death) a	Renal Fa	1 LUTE					
	Hepatore						
Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF					
cause. Entar UNDERLYING	Liver Fa	ilure					
that initiated events		A CONSEQUENCE OF	ŋ: 				
resulting in death) LAST							
PART II. Other significant conditions con	ntributing to death I	out not resulting i	n tha undarlyl	ng cause given in			24b. WERE AUTOPSY FINDINGS
					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	_						OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. I	PLACE OF DEATH (Ch	eck only one)		
1 □ YES X☐ NO 1X	Inpatient 2 ER/Out		4 - Nursing Ho	me 5 🗌 Residence			
27. MANNER OF DEATH 1/ Netural 5 Pending	(Month, Day, Year)	28b. TIMI INJ	URY V	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigation	28e. PLACE OF INJUR	V — At home farm s			28f. LOCATION (Street	and Number or I	Pural Boute Number
3 Suicide 8 Could not be 4 Homicide detarmined	building, atc. (Spe	cify)	niest, tactory, on		City or Town, State		toriar rivore riverioos,
						nner se stated	
29a. CERTIFIER (Check only one)							
(Check only one) 2 MEDICAL EXAMINER: On				death occured at the	time, data and place, a	nd dua to the cr	
(Check only 1 GENTIFYING PHYSICIAN: One) 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER	the basis of exeminate	on and/or investigatio			time, data and place, a	29d, DATE SI	GNED (Month, Day, Year)
(Check only 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER	the basis of examination	on and/or investigatio	n, in my opinion,	death occured at the	time, data and place, a	29d, DATE SI	
(Check only 1 CERTIFFING PHYSICIAN: One) 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	the basis of axamination with the ba	on and/or investigation	n, In my opinion,	death occured at the	time, data and place, a	29d. DATE SI	GNED (Month, Day, Year)



BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BO.	TOUR TOU	2	
	TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	=	
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1	T O	T O	MP	
1	Par.	F 2	=	

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Barbara Kerker-Honig M.D.

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

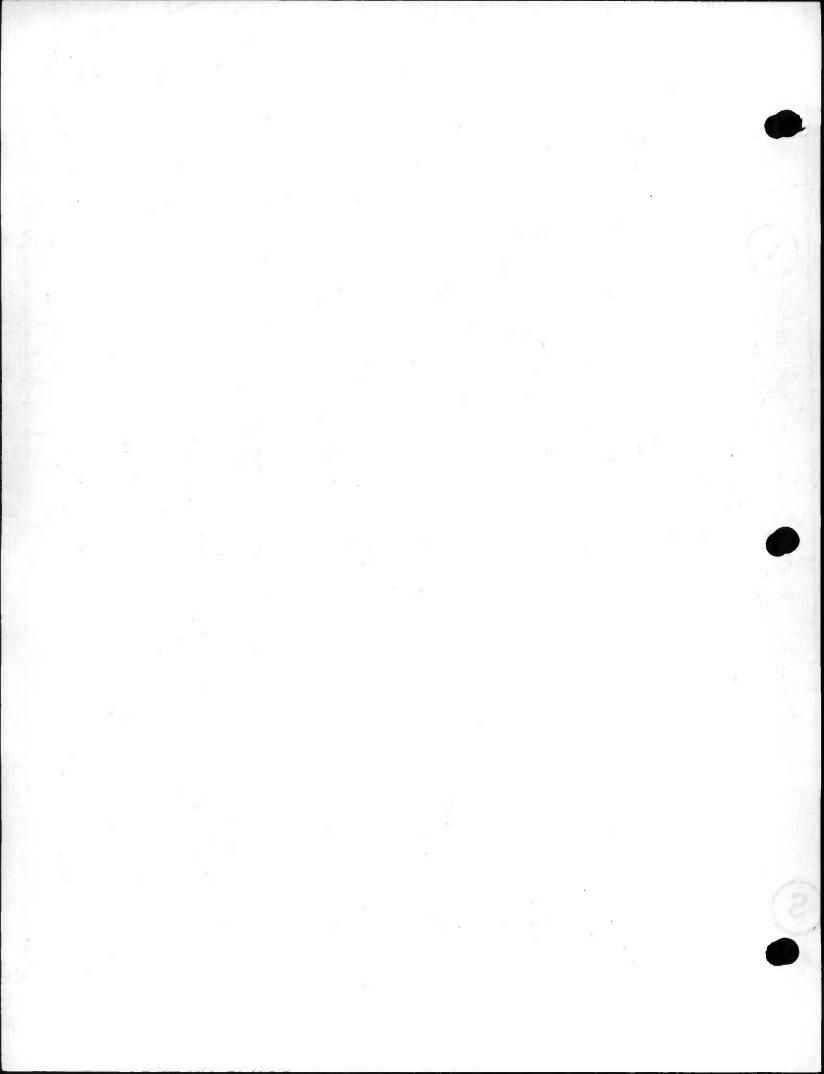
NOV 20 1990 Fulls Davidson-Rondelle

	1 - STATE REGISTRAR		С	ERTIF	ICATE	OF	DEAT	TH_		EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	MITT YEAR							2. DATE OF	DAY	YEAR 1 OOO	3. TIME OF DEATH
	Wilma H. 4. SOCIAL SECURITY NUMBER	WILEY 5. SEX	8. AGE (In yrs. la	ast birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF E	ber 17,	1990	3:59 A
15	217-24-3951	1 M 2 F	62		MONTHS	DAYS	HOURS	MIN.	(Month, Da	y. Year) 14,1928	Country	MD.
	9a. FACILITY NAME (If not institution, give st	treet and number)	02		9b. CITY	, TOWN C	R LOCATI	ON OF DE			JNTY OF DE	
OR	FRANKLIN SQUA	RE HOSE	ITAL		h-Lin	R	OSS	VILI	E	BAL	TIMO	RE COUNTY
ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c, C/1	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
DIRECTOR	MD.	HARFORD				PPA						LIMITS?
	10e. STREET AND NUMBER					101	. ZIP COD	E		10g. CI	FIZEN OF W	HAT COUNTRY?
ER.	104 CANBY CT.							2	1085		U.S	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ENDENT Cube	n, Mexica	n, Puerto Ricer	pecify Yes or No— 1, etc.)	Black	— American Indian, , White, etc.
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON et of workli	na	16b. KIN	D OF BUSINESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5 +	101	e. Do NOT u	se retired.)					OI-71	T TION	ATC.
COMPLET	12				HO.	MEM	AKEF				NOH I	1E
	JOHN FRANCIS	HANSON							IE E.	e, Maiden Sumame) BECK		
38 C	19a. INFORMANT'S NAME (Type/Print)		1							Olty or Town, State, Z		
2	W.CARSON WILE	Y		104	CAN	BY	CT.	JOP	PA, MC	. 2108	5	
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State	20b. PLACE other p	denel						20c. LOCATION -		
	4 Donation 5 Other (Specify)				LOUD			_				,MD.21229
	P. D. Ris				22.	HEN	RY V	V. J	ENKIN	005 YOR IS AND	K RO SONS	AD BALTO 21212 MI
	23. PART I. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau		18.							rrest, .	Approximate interval Batwee Onset and Deat
z			OR AS A CONS	EQUENCE C	F .	-						
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	per as a consu	and the	100	مه	ف					
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d.	DR AS A CONSI	EQUAÇÃO O	To and the second		٠		Part I. 24	n. WAS AN AUTOPSY PERFORMED? 27 YES 2 NO	/ 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	d.	DR AS A CONSI	EQUAÇÃO O	To and the second	nderiyin	g cause	given in	Part I. 24	I. WAS AN AUTOPS' PERFORMED?	7 24b.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	DR AS A COMM	resulting	In the U	28. PI	g cause	given in	Part I. 24	B. WAS AN AUTOPS' PERFORMED? YES 2 □ NO	/ 24b.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Neturel 5 Pending	d.	death but not	resulting 3 □ DOA 29b, TH	In the U	28. PI	g cause	given in	Part I. 24	B. WAS AN AUTOPS' PERFORMED? YES 2 □ NO		AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF OEATH	HOSPITAL: 117 Inpetient 2 (Month, D	death but not	resulting 3 □ DOA 286, TH	OTHE U	28. PIR:	g cause	given in	Part I. 24-	a. WAS AN AUTOPS' PERFORMED? YES 2 NO	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

DHMH-t6 Rev t/89

21237

9000 Franklin Square Drive



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	HILDA	IRENE WHITACE	RE.			11 18	AY YEAR	
1	4. SOCIAL SECURITY NUMBER	7		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BH	RTHPLACE (State or Foreign
	217-22-7343	1 □ M 2 🖾 F 79	YRS. MOI	THE DAYS	HOURS MIN.	(Month, Day, Year)		Virginia
	9e. FACILITY NAME (If not institution, give		96	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O	
œ	Harbor Hospital	·					Cita	
읝	RESIDENCE OF DECEDENT] D	<u>altimo</u>	re		City	
Ä	10e. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
5	Md. Anne	Arundel	G1	en Bur	nie			1 TES 2 NO
A	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
E	1223 Cedar Clif	f Dr.			21060		U.S.A	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	e or No— 14. R	ACE — American Indien, lack, White, etc.
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 NO Specify	:	9.0	pecify:
]		<u> </u>		Law law as as as		White
	15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kind of work life. Do NOT use re	done during mo-	N at of working	166. KIND OF BU	SINESS/INDUSTR	Y
7	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPLETED	8th 17. FATHER'S NAME (First, Middle, Last)	none	Owner	and Ope			Seafoo	d
		4				ME (First, Middle, Maiden		
B	J. Strother K1 190. INFORMANT'S NAME (Type/Print)	ine	1			a Landacre		
2	and the second s					Route Number, City or Tox		
. 1	Joseph C. Whita					len Burnie		
	20s METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren	noval from State	PLACE OF DISPOSITION Other place)		,		CATION — City o	
	4 Donation 8 Other(Specify) 21. SIGNATURE OF FUNEFIAL SERVICE LI	ICENGEE	Glen Have		OTIAL PA	rk G1	en Burni	Le. Md.
	XLa. Ma	11/2/1/12	0000/	Sing	eton Fur	neral Home	1	
	Tanco	1011100	son!	1 Sec	cond Ave	S.W. Gle	n Burni	e, Md. 21061
	23. PART I. Enter the disesses, or	List only one source on as	oh line					Approximats Interval Between
	IMMEDIATE CAUSE (Final	A /	0 . /	Ω		`		Onset and Death
- 1	disease or condition reaulting in death)	ACUTE	Bronch	orne	umone	a.		
		DUE TO (OR AS A	CONSEQUENCE OF):	1	- 1-	0 1		
Z	Sequentially list conditions,	B. Acute DUE TO (OR AS A DUE TO (OR AS A	Bronc	lutis	with	Emphy	semo	3.
E	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):			' ()		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	2011250151125 25					
E	that initiated events reaulting in daeth) LAST	DOE TO (ON AS A	CONSEQUENCE OF):					
CERTIFICATION		d						<u> </u>
ALC	PART ii. Other aignificant condition	ns contributing to death be	ut not resulting in t	ha underlyin	g ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
3						1 YES	34	COMPLETION OF CAUSE OF DEATH?
밀							1	1 TES 2 NO
-						_		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
Sic	1 VES 2 NO	HOSPITAL: 1 inpetient 2 ER/Outp	etient 3 DOA 4	THER:	e 5 🗆 Residence	8 Other (Specify)		
Ŧ	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME O	F 28c, INJ		28d. DESCRIBE HOW	INJURY OCCURE)
ВУ Р	1 Natural 8 Pending Investigation	(Month, Day, Year)	INJUR		RK? (ES 2 NO			
	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY		et, factory, offic	•	28f. LOCATION (Street		ral Route Number,
Ē	4 Homicide determined	building, atc. (Spec	ary)			City or Town, State	"	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowl	ledge, death occurred s	t the time, date	and place, and rhis	to the cause(a) and me	nner ee stated.	
M	one)	NER: On the beele of examination						se(e) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI							NED (Month, Day, Yber)
BE	0 - 1 1 0	een Resid	Sout T		29c. LICENSE NUI	#DCN	29G. DATE SIG	NED (Month, Day, Year)
9	30. NAME AND ADDRESS OF PERSON W		**	(nt)			, (1)	0110.
	Raugh K Res		H HC	, B	altim	gx, MD	212	30.
	31. DATE FILED (Month, Day, Year)	P. REGISTRAR'S SIGN	ATURE - CONTROL					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 8 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTM	IENT OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFIC	ATE O	F DEAT	H		REG. NO.

	1 - STATE REGISTRAR	OF MARYLAND / DEPARTI	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		ME OF DEATN
	Gertha L	WARREN		November 16.	. 1990	7:40 P. M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	2. DATE OF BIRTN	6. BIRTNPLACE	E (State or Foreign
	240-07-1848 1 m a	2X F / 4 YRS.		Aprili7,		arolina
"	9a. FACILITY NAME (If not institution, give street and nur		b. CITY, TOWN OR LOCATION OF DE ROSSVIll		e. COUNTY OF DEATN	
DIRECTOR	Franklin Square	nospitai	WOSSATTT	Ва	<u>altimore C</u>	ounty
E	10a. STATE 10b. COUNTY		TOWN OR LOCATION			INSIDE CITY
	Md. Balti	more	Essex			YES 2 NO
FUNERAL	100. STREET AND NUMBER 402 Celest Ave.		101. ZIP CODE 212		09. CITIZEN OF WHAT C	OUNTRY?
N		DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF NISPAN			nadan ladia
	1 Never Married 2 Married FORC	ES? 1 YES 2 NO S. GIVE WAR OR DATES	If yes, specify Cuban, Maxica	n, Puarto Rican, atc.)	Black, White	a, atc.
ВУ	3 Wildowed 4 Divorced		1 TYES 2 NO Specify			hite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor	rk done during most of working	16b. KIND OF BUSINI	ESS/INDUSTRY	
Ę	Elementary/Secondary (0-12) College	(1-4 or 5+) Secret	·			- 1
N N	17. FATHER'S NAME (First, Middle, Last)	500200		ME (First, Middle, Malden Sur	rname)	$\overline{}$
	Christy Columbus	Ferguson		rence ==		
BE C	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rural)	Route Number, City or Town, S	State, Zip Code)	
임	Charles H. Warren	402 0	Celest Ave. B	Altimore	Md. 2122	1
	20a. METNOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 ☒ Removal from	20b. PLACE OF DISPOSIT	ON (Name of cometery, crematory or Cemetery		rion - city or Town, Si ey, N. Car	
	4 Donation 5 Dother (Specify)	Monttawi	22. NAME AND ADDRESS OF FA		ey/m.car	J11140
	21. July of the or romand service Licensee	111			000000000	
	Connelly Fu	reral Home	ConnellyFun			
	23. PART I. Entar the diseases of complicate shock, or heart failure. List only	one cause on each line.	t entar tha moda of dying, auc	h aa cardiac or raspirat	ory arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	3 5 13				Onset and Death
	resulting in desth) - s. Ken	al Failure. DUE TO (OR AS A CONSEQUENCE OF):				
_	I i	sisGram Positiv		em ia		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	o coco . Bacca.			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUS 50 (00 16 1 00)				
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			į	1
S	d					
AL	PART II. Other significant conditions contrib					E AUTOPSY FINDINGS ABLE PRIOR TO
MEDIC	Gastrointestinal Ble		Infection Fis	tula 1 Tes A	NO OF D	PLETION OF CAUSE EATN?
×	Formation. Malnutrit	10n.	<u> </u>	—	10	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (Ch	eck anti-one)		
1000	EXAMINER? V HOSPI		OTHER:			
¥	27. NAMER OF DEATH 28a.	DATE OF INJURY 26b. TIME	OF 28c. INJURY AT	2ad. DESCRIBE NOW INJU	URY OCCURED	
ВУ Р	Natural 5 Pending	(Month, Day, Year) INJUI	M 1 YES 2 NO			
	3 Suicide 6 Could not be	PLACE OF INJURY — At home, farm, str building, atc. (Specify)	eet, factory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural Route I	Vumber,
	4 Homicide detarmined			0.1, 0.1		
COMPLETED	29a. CERTIFIED CERTIFYING PHYSICIAN: To the	he best of my knowledge, death occurred	at the time, data and place, and due	to the cause(a) and manne	r as stated.	
ŏ	EXAMINER: On the	basia of axamination and/or investigation,	In my opinion, death occured at the	time, data and place, and d	due to the cause(s) and	manner as stated.
BE	29b. SCHATUS AND TITLE OF CENTIERS	2	29c. LICENSE NU		29d. DATE SIGNED (Mont	
0	Can y was	YIW	N//	Α	Nov ember	16, 1990
	30. NAME AND ADDRESS OF PERSON WHO COMPLE			ND 0100	7	
	Dr. Dana Coates 9000 31. DATE FILED (Month, Day, Year) 32. 1	FEGISTRAR'S SIGNATURE	Drive, Baltimo	^e MU. 21237	1	
		Davidson-Garpine				ŀ



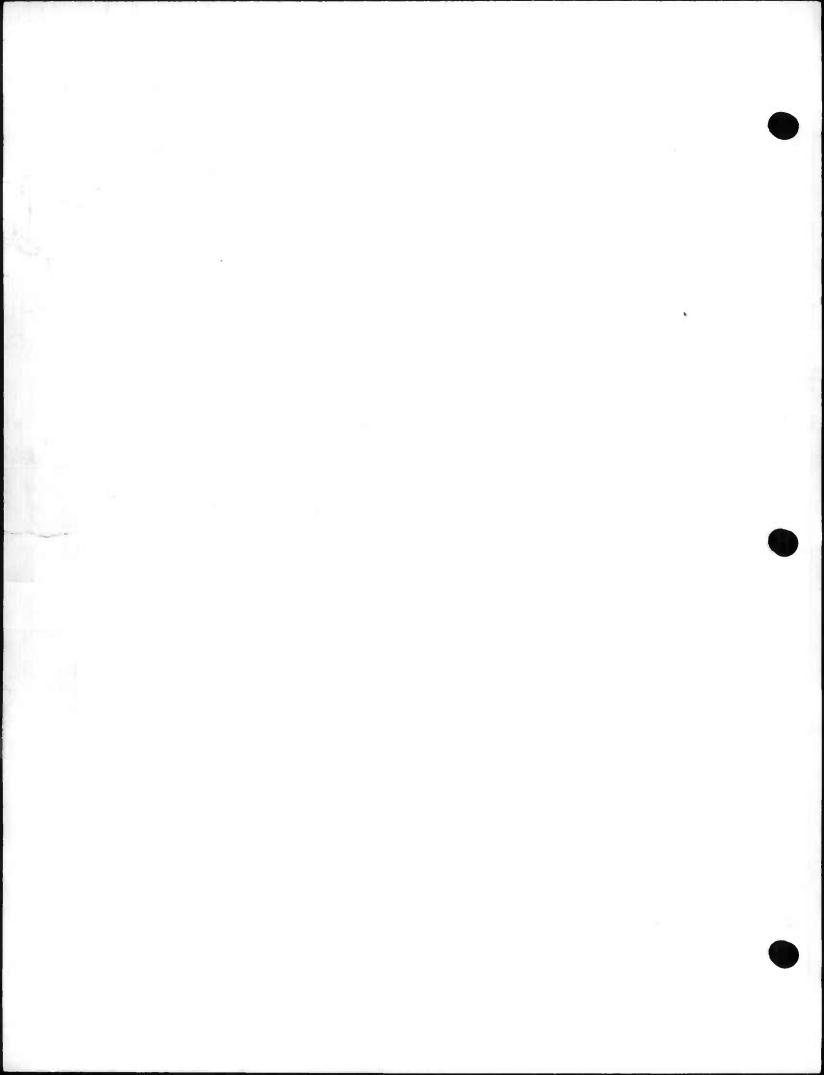
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15	AT	6	s aft	1 28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	JIR.	OUR	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FILE	ER/	in 7	=
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	뽀	포	Pa	OR
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	1 - STATE REGISTRAR		CE	RTIFIC	ATE OF	DEATH	REG	NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) MARGARET WAG						2. DATE OF OEA MONTH NOVEMBE	R 17,	1990	3. TIME OF DEATH 7:03 a.m.	
	4. SOCIAL SECURITY NUMBER 215 16 0693	5. SEX 1 M 2 XXF	8. AGE (In yrs. lest i		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	н	8. BIRTH	PLACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give THE JOHNS HOPKI		L		BALTIM	ORE CIT			INTY OF DE	RE CITY	
DIRECTOR	10a. STATE 10b. COUNT Maryland Anno	e Arundel		10c. CITY, TOWN OR LOCATION Glenburnie				10d. INS: LIMI 1 YE:			
FUNERAL	100. STREET AND NUMBER 6642 Whitmore Cou	urt			10	21061		10g. CITIZEN OF WHA			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO		If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	en, Puerto Ricen, et			- American Indian, , White, atc. y: White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Glvi	EDENT'S US e kind of work Do NOT use re	ual occupation done during metired.)	ION ost of working	16b. KIND O	F BUSINESS/IN	OUSTRY		
	17. FATHER'S NAME (First, Middle, Last)	trick			AME (First, Middle, M M Noonan	leiden Surname)					
TO BE	190. INFORMANT'S NAME (Type/Print) George C wagner				and Number or Rural Court G						
10	20e. METHOD OF DISPOSITION 1	20b. PLACE O other place	ACE OF DISPOSITION (Name of cometery, crematory or Please Per Plea								
	21. SIGNATURE OF FUNERAL SERVICE L	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Harry Howels & Funeral Home INC Harry Howels & Funeral Home INC 24.112 Old Columbia Pike Ellicott City 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Approximate									
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	b. OUE TO (DR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQU	UENCE OF): UENCE OF):		CER.	JEOMON	TA TO	c).21	S 2 Mor	
MEDICAL		me contributing to a TUCTION OPP NOTE	ANET				DETERMINE PI	AS AN AUTOPSY ERFORMED (ES 2 NO	7 24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 [THER:	PLACE OF OEATH (C		y)			
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Day		28b. TIME C	Y W	NJURY AT VORK? YES 2 NO	28d. DEŞCRIBE	O YRULMI WOH	CCUREO		
0	3 Suicide a Could not be determined	28e. PLACE OF building, e	INJURY — At hon itc. (Specify)	ne, ferm, stre	et, factory, off	ice	28f. LOCATION (City or Town,		er or Flural F	Route Number,	
COMPLET	(Creck Only J	SICIAN: To the best of r								end manner ee stated	
TO BE CO	296. BIGHAPONE AND TITLE OF CERTIF	UOS to				29c. LICENSE NO	UMBER	29d. D/		(Month, Day, Year) 7-90	
	30. NAME AND ADDRESS OF PERSON WERE CALPO SAIDN 3	i de 6	OUEST			us Ho	CHINA	Hos	PITA	_	
			R'S SIGNATURE								



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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL	REG. NO.			01140
	1. DECEDENT'S NAME (First, Middle, Last)	4		/			2. DATE O	F DEATH		WEAR	3. TIME OF DEATH
	Rose	AT	KIN				10	30	<u> </u>	YEAR	2355 H
	4. SOCIAL SECURITY NUMBER 577-26-4658		(In yrs. lest birthdey)	IF UNDER		F UNDER 24 HRS.	7. DATE OF (Month, I	BIRTH Day, Year)	-1	e. BIRTHI	York, NY
		1 M 2 A 9	YRS.					27	96		
œ	90, FACILITY NAME (If not institution, give s	//		9b. CITY,	, TOWN OR L	LOCATION OF DE	EATH	,		NTY OF DE	EATH
DIRECTOR	RESIDENCE OF DECEDENT	Hespitht		63	61	MES	DA		MEN	160	0746724
REC	10e. STATE 10b. COUNT		10c. CIT	0	OR LOCATION		,				10d, INSIDE CITY
		TOMOR	9	1660		UUG					1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER	and to	20.		14,114	P CODE	>				HAT COUNTRY?
NE	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NIIS ADMED	1 12 1		DENT OF HISPAN		(Casalty Va		JSA	— American Indian,
BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 🖺 NO		If yes, specif	NO Specify	n, Puerto Ric	cen, etc.)	0/140—	Black	y: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEOENT'S	USUAL O	CCUPATION during most of	of working	16b. H	(IND OF BU	SINESS/INC	DUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	se retired.)							
MP	17. FATHER'S NAME (First, Middle, Lest)	2	Per	rsonn	Y					nploy	ment Agency
					1	8. MOTHER'S NA Gussie		40.	Sumame)		
BE	Barnet Abrams 19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS	S (Street and	Number or Rural F			n, State, Zij	p Code)	
2	Mr. Maurice Atkin	1				n St., (815
	28g. METHOD OF DISPOSITION	200	b. PLACE OF DISPO							City or To	wn, Stale
	4 Donetion 5 Other (Specify)		Judean 1					01	ney,	Mary	land
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE				ADDRESS OF FA		o Mem	oria	Cha	nels
	C Hanh	1.1.	ne								MD 20852
	23. PART I. Entar the diseases, or shock or heart failure	complications that cause List only one cause on a	d the death. Do	not anter	the moda	of dying, suc	h se cardi	c or resp	iratory sr	rest,	Approximata Interval Between
	IMMEDIATE CAUSE /Final	Service of the service of				11					Onset and Death
	disease or condition resulting in death)	e. INTRACA	ere Bi	RAL		temoi	RH	166	-		ZINS
_		DUE TO (OR AS	A CONSEQUENCE C	PF):							i 1
CERTIFICATION	Sequentially list conditions, if any, lasting to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C									
F	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE C	PF):							i l
SER		d									
CAL	PART II. Other significant condition				nderlying c	ause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
- Contract	SUBARACHNO		MORHA				_ [1 TES	-		COMPLETION OF CAUSE OF DEATH?
ME	SUBDURAL	HEMA	10M	A							1 Tes 2 No
Ä											
PHYSICIAN: MED	25. WAS CASE REFERENCE TO MEDICAL EXAMINED?	HOSPITAL:		OTHE	R:	E OF OEATH (Ch					
HXS	1 DAES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY	patient 3 L DOA 28b. Til		28c. INJUR	5 Residence		(Specify)	INJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Year)	FO	JURY M	WORK	8 2 NO	F	-11			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm.	street, fac	tory, office		28f. LOCA	TION (Street Town, State	end Numbe	er or Rural F	Route Number,
TE	4 Homicide determined		SING.	Hill	18		Oily oi	# /	0		
COMPLETED	Control or my	ICIAN: To the best of my know	wledge, death occur	red at the t	time, date en	nd place, end due	to the caus	e(e) end me	nner as st	nted.	
O	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	on and/or investigat	lon, In my	opinion, desi	th occured at the	time, date e	and place, a	nd due to t	the cause(s	s) and manner as stated.
ш	29b. SHONATURE AND TITLE OF CERTIFIE	10/11	11.11	_	0	C. LICENSE NUI	мвел	,	29d. DA	TE SIGNED	(Month, Des. 26er)
TO B	quelle	elle	9/1		4	007	108	4	•	101	31/91)
_	30, NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF	EATH (ITEM 27) (Typ	1		11	/_ >	2 1	1-	1	Minn
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	1130	ONSI	WAY	5 4	11/	656	3/1	1181601
	NOV 05 '90	Galia Dav	dson Band	00							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remova	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical
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	9a. FACILITY NAME (If not institution, give	street and number)	33		9b. CITY	, TOWN	OR LOCATIO	N OF DE		1. 20,	9c. COUNT		
DIMECTOR	2001 Hollins Fer	rry Road				Bal	timor	ce			Balti	imore	City
5	RESIDENCE OF DECEDENT 10s. STATE 10s. COUN	mv .		10a C17	ry, TOWN C	20 1 004	TION						d. INSIDE CITY
	Maryland						City						LIMITS?
	10e. STREET AND NUMBER			De	11011		. ZIP CODE				10g, CITIZE		T COUNTRY?
	2001 Hollins Fer	rv Rd.					21230				U.S.A		
DI LUNEUAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4XXDivorced	12. WAS DECEDEN	NT EVER IN U.S. ARM YES 2 X NO WAR OR DATES			WAS OEC	ENGENT OF	F HISPAN	n, Puerto	N? (Specify Yes Rican, etc.)	or No— 1	4. RACE -	American Indian, Thite, etc.
	15. DECEDENT'S ED (Specify only highest grad		16a. OEC	EDENT'S	USUAL O	CCUPATIO	ON .		168	. KINO OF BUS			
	Elementary/Secondary (0-12)	College (1-4 or 5	+) Iffo. L	Do NOT u	realized.)	South the	et of working						
	Unknown		Mec	han:	ic					utomot			
	17. FATHER'S NAME (First, Middle, Last)						2.00			Middle, Maiden	Surname)		
	ROSCOE BOYD 19a. INFORMANT'S NAME (Type/Print)		- I don	MARRIN	ADDOCO	e /0				aters	m State To C	Pardal.	
2	Edward Boyd									, Mary			
	20s. METHOD OF DISPOSITION		20b. PLACE O	OF OISPO	SITION (Na	ame of ce	malary cram	atory or			CATION - CI		
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Metro	Cre	emato	ory,	Inc.						Balto, MD
	21. SICHATURE OF FUNERAL SERVICE I	LICENSEE .				22. NAME AND ADDRESS OF FACILITY							
ł	Kirkley Funeral Home 421 Crain Hwy. S.E., Glen Burnie, MD 2106												
	23. PART I. Enter the diseases, or shock, or heart felium immediate Cause (Final disease or condition resulting in death)	a. Conge		art	not enter	121 (Crain	Hwy	y . S	.E., G			, MD 2106 Approximate interval Between Onset and Death
The second secon	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Conge: DUE TO DUE TO	use on each line. Stive hea	ert VENCE C	failt	121 (Crain	Hwy	y . S	.E., G			Approximate interval Between
i medical centin teation	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Conge: DUE TO DUE TO DUE TO d.	Stive head of the consequence of	UENCE C	not enter failt orp: orp:	121 or the mo	Crain	Hwyng, suct	y . S h aa car	.E., G	AUTOPSY	24b. W Ah	Approximate interval Between
	shock, or heart feiture IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	a. Conge. DUE TO C. DUE TO d. One contributing to	Stive head of the consequence of	UENCE C	not enter failt orp: orp:	121 or the mo	Crain	Hwyng, such	y . S h aa car	E., G. diec or respi	AUTOPSY	24b. W Ah	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
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	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XES 2 NO 27. MANNER OF DEATH 12 Accident 3 Suicide 6 Pending Investigation 3 Suicide 6 Could not b determined 29a. CERTIFIER 1 CERTIFVING PHY	B. List only one call a. CONGE DUE TO C. DUE TO d. DUE TO d. DUE TO d. DUE TO 28a. DATE O (Month, on building to buildin	Use on each line. Stive head of the consequence of	UENCE C UENCE C UENCE C UENCE C UENCE C	orhe	nderlyin 26. PR: raing Hon 28c. IN. 1 □	g cause g LACE OF OI TORK? YES 2 See and place, death occur	HWY ng, suci	Part I. Part I. 26d. OE 26f. LOC	24a. WAS AN PERFORM 1 YES 2 CATION (Street or Town, State)	AUTOPSY RMED? INJURY OCCU and Number of	24b. WAREO OF Rural Rou d. cause(s) s	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 men be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR G	TATE OF MADVIAND / I	DEDARTMENT OF	HEALTH AND I	MENTAL HVOIEN	. 7	0 31750
	1 - STATE REGISTRAR	TATE OF MARYLAND / I	RTIFICATE O		MENIAL HYGIEN REG. NO.	<u> </u>	
	1. DECEDENT'S NAME (First, Middle, Last) Julius A	domo			2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
			narras Elementes			30, 199	
	215-16-3952 11	SEX 8. AGE (In yrs. lust I	YRS. MONTHS DAY	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	20 19	HTHPLACE (State or Foreign ountry)
~.	9e. FACILITY NAME (If not institution, give street			N OR LOCATION OF DE	EATH	9c. COUNTY C	
DIRECTOR	Deer's Head Cen	iter	S	alisbury		Wi	comi co
8	100, STATE 10b. COUNTY		10c. CITY, TOWN OF LO	CATION			10d. INSIDE CITY
ᡖ	Maryland Some	rset	At3 Pri	nessAn	ne		1 YES 2 LNO
FUNERAL	10a. STREET AND NUMBER	14		2/85	3_	10g. CITIZEN	OF WHAT COUNTRY?
<u> </u>	The state of the s	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 1 YES 2 NO			NIC ORIGIN? (Specify Yee	or No- 14. F	IACE - American Indien, Black, White, etc.
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		Specify Cuben, Mexice (ES 2 NO Specify		8	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted) (Ghr	EDENT'S USUAL OCCUP e kind of work done during Do NOT use retired.)	ATION most of working	16b. KIND OF BUS	INESS/INDUSTR	ïY
٦	Elementery/Secondary (0-12)	ollege (1-4 or 5+)	rpenter	-			
N N	17. FATHER'S NAME (First, Middle, Last)	il i	/ / / / / / / / / / / / / / / / / / /	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)	
	Ciplom hus t	toams		21	cca E	Puse	4
8	19e. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Stre	1.70	Route Number, City or Tow		
임	Julia Vaugha	R	£3, Box	114 Pr.	incess 1	Tane 1	Md21833
	20e. METHOD OF DISPOSITION 1	from State 20b. PLACE O		comotory crometory or	er L Pri	heess	Anne Md
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		AND ADDRESS OF FA		Hon	14
	Amer Lise	nner	171	iomersed f	Ave Prin	CESS A.	nne Md.
	23. PART I. Enter the diseases, or com-	plicetions that caused the des	th. Do not enter the	mode of dying, auc	h as cardiac or reap	ratory arrast,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	,,					Onset and Death
	disease or condition resulting in death)	Respiratory DUE TO (OR AS A CONSECU	failure du	e to advan	nced COPD		
z		Pnuemonia					
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSECU	UENCE OF):				
8	cause. Enter UNDERLYING CAUSE (Disease or Injury						
드	thet initiated events	DUE TO (OR AS A CONSEQU	UENCE OF):				
ER	resulting in deeth) LAST						
	PART II. Other eignificent conditions co	ontributing to death but not re	sulting in the under	ying ceuse given in			24b. WERE AUTOPSY FINDINGS
8	Ascyd- Angina pe	ctoris. Old MI.	Sunra		PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE
E	Ventricular tachy	cardia. CMF. Ca	encer of La	ervnx and			OF DEATH?
2			S/P Radica	neck su	irgery		
A	25. WAS CASE REFERRED TO MEDICAL		21	. PLACE OF DEATH (C)	heck only one)		
SIC	EXAMINER?	SPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	Home 5 - Residence	8 Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE	D
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Tour)		YES 2 NO			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, fectory,	offica	28f. LOCATION (Street City or Town, State)	ural Route Number,	
ш	290. CERTIFIER						
COMPLETED	(Check only	N: To the best of my knowledge, dea On the beele of examination end/or in					use(e) end manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			SNED (Month, Day, Year)
BE	M Chapat	tha MD		D1627		D 10	1.30.90
2	20 NAME AND ADDRESS OF BERSON WHO C	OMBI ETED CAUSE OF DEATH STEN	1.070 (Time Brief)			10	10.10

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
P.O. Box 20 8, Salisbury,

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

30. NAME AND ADDRESS OF PERSON Dr. Shrestha,

Year) '90

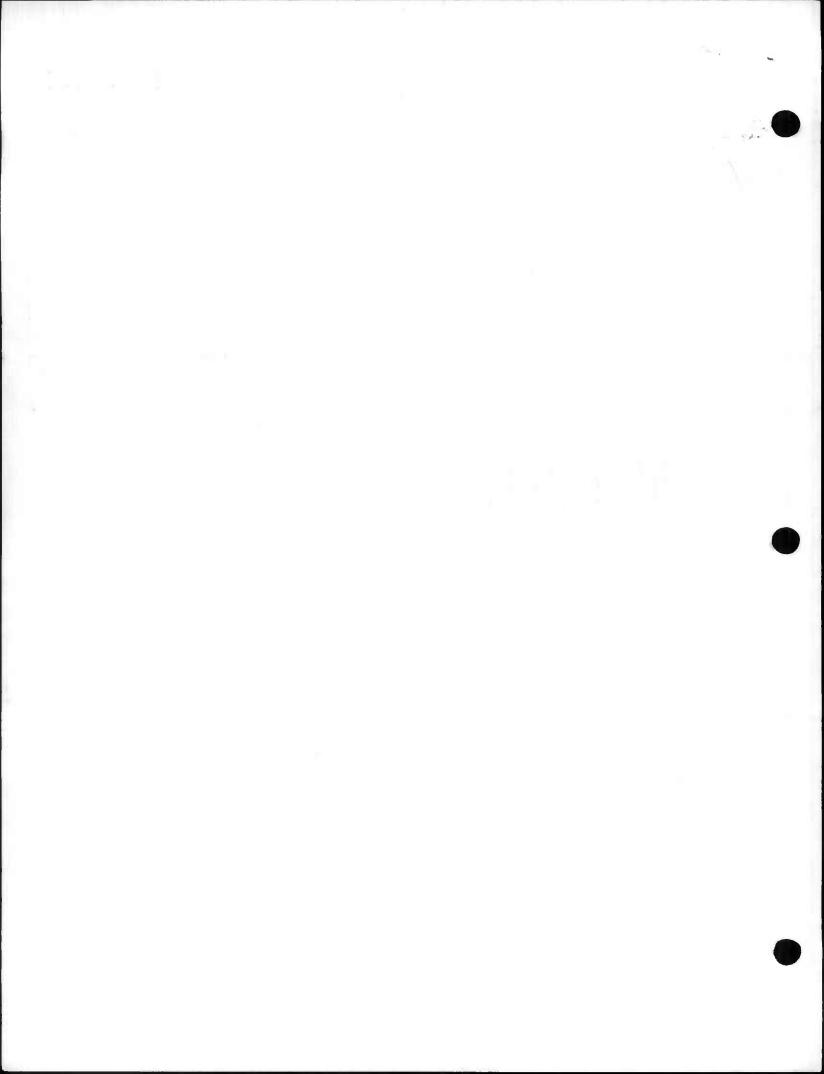
31. DATE FILED (Mooth, Day,

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etache		MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		шех
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VIVIAIN MAY Wetherald Abbott 1. BOOLD SECURITY MOMBER 1. BOOLD SECUR		FOR STATE REGISTRAR	STATE OF MAR			OF HEALTH AND OF DEATH		G. NO.	30	31731
THE STATE AND ALLES IN A STATE SOCIAL STATE AND ALLES AN			Vetherald	Abbott			2. DATE OF DE MONTH	6, DAY	_ XEAR	3:00 PM M
Type Section Type Type	A tree c	577-26-6714A	1 🗆 M 2 📈 F		MONTHS DAYS HOURS MIN. (Month, Day, Year)					LACE (State or Foreign
Type Section Type Type	OR						DEATN			ATN
Total State Control	EGT	10a, STATE 10b, COUNTY		10c. (10d. INSIDE CITY LIMITS?
Type Section Type Type	L DIF	-	rles		Bryant			1 40- 6	1	I ☐ YES 2XXNO
Total State Control	ERA	The state of the s	ad – Gener	al Delive	ry			1		IAI COUNTRY?
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No. Inchination Part Lower Part	E COM	17. FATHER'S NAME (First, Middle, Last)	250	, 110	CISCILIT	16. MOTNER'S			0)	
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	CATION	ehock, or heert feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO VOR	on each line. Ventor AS A CONSEQUENCE Of Clear V	o not solso to	hs mods of dying, so	uch ss cardisc o	or reepiretory	srrest,	Approximete Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	CERTIF	that initisted events	DUE TO (OR	AS A CONSEQUENCE	E OF):					
2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 26t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 26t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. CERTIFIER 28e. CE	SAL						PERFORMEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
2 Accident Investigation 2 Accident Suickle 4 Nomicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION (Street and Number or Rural Route City or Town, State) 28t. LOCATION	ICIAI	EXAMINER?		2/Outputters 2 🗆 DO						
3 Sulcide 6 Could not be determined 29st. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) and menner as attated. 29st. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and 29st. SIGNATURE AND TITLE OF CERTIFIER 29st. SIGNATURE AND TITLE OF CERTIFIER 29st. LICENSE NUMBER 29st. LICENSE NUMBER 29st. LICENSE NUMBER 29st. LICENSE NUMBER 29st. LICENSE NUMBER 29st. LICENSE NUMBER 29st. LICENSE NUMBER 29st. LICENSE NUMBER 30t. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) G. Shankar Rath — 7C Cenna Bldg. Waldorf, Md. 20601 31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	Y PHYS	27. MANNER OF DEATN 1 Neturat 5 Pending	26e. DATE OF INJ	IURY 28b.	TIME OF	28c. INJURY AT WORK?	7		OCCURED	
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296. SIGNATURE AND THILE OF CERTIFIER 296. DIAS SIGNATURE AND THILE OF CERTIFIER 296. DIAS SIGNATURE 296. DIAS	OMPLE	(Check only								and manner as stated.
G. Shankar Rath - 7C Cenna Bldg. Waldorf, Md. 2060l 31. OATE FILED (MORIT, Day, Year) 32. REGISTRAR'S SIGNATURE	H	700 10				-				
	_					Waldorf,	Md. 20	601		
NOV 08 '90 Julia Tavidan Pandese		31. OATE FILED (Month, Dey, Year)								DHMH-16 Rev 1/89

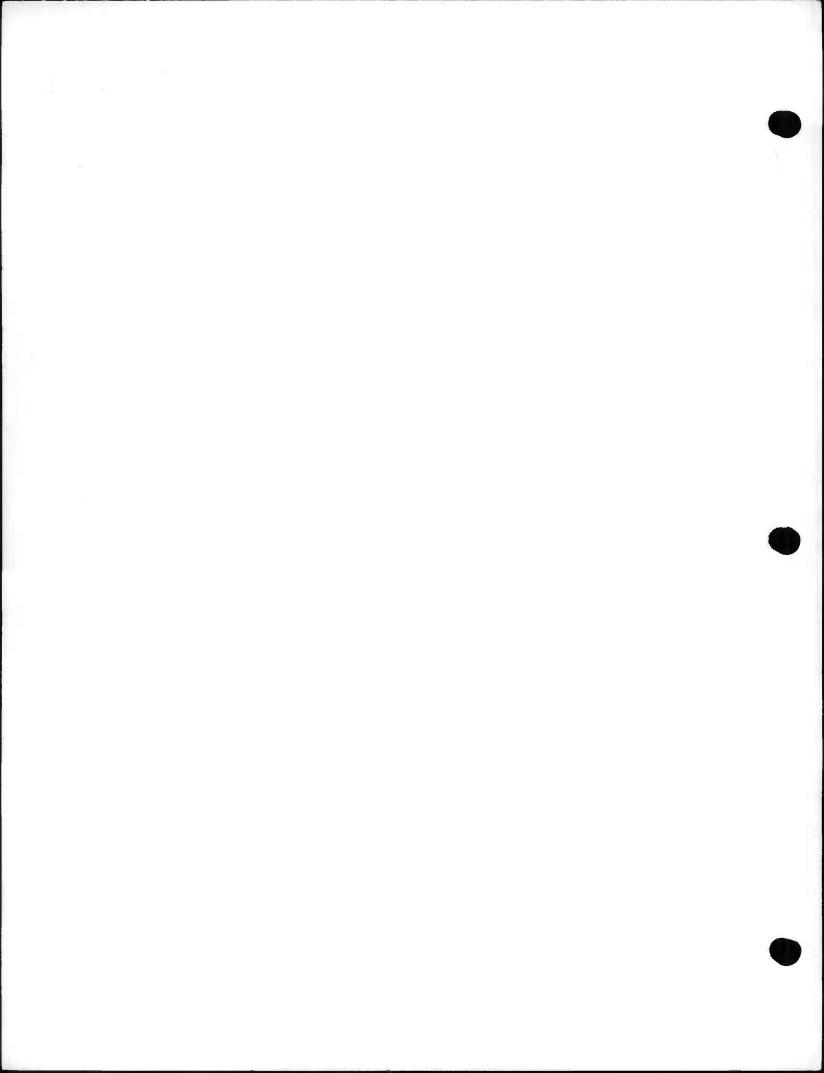


	1 - STATE REGISTRAR		STATE UF N	MARYLA	ND / DEPA CERTII						REG. NO.	E	0 3	11112
	1. DECEDENT'S NAME (First,		ъ	,			Α.	41		2. DATE OF	F DEATH	, 199	YEAR 3.	TIME OF DEATH 1:20 AM
	Ethel 4. SOCIAL SECURITY NUMBER		P. 5. SEX 6. AGE (In yrs. last birthday)			IF UNDER	Athos IF UNDER 1 YEAR IF UNDER 24 HRS.			7 DATE OF BIRTH			8. BIRTHPL/	ACE (State or Foreign
)	024-09-2976	5	1 □ M 2 <u>XX</u> F	7	O YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.	20,19	919	Country)	Mass.
	9e. FACILITY NAME (If not in:					9b. CITY	, TOWN O	R LOCATI	ON OF DE				NTY OF DEAT	Н
E	9811 Bell		Rd.			Ве	the	sda				Mor	nt.	
DIRECTOR	10s. STATE	10b. COUNTY			10c. C	TY, TOWN	OR LOCAT	ION					10	d. INSIDE CITY
품	MD	Mont	gomery		E	ethes	sda						1 (LIMITS? YES 2 NO
됳	104. STREET AND NUMBER						101	. ZIP COD				100	ZEN OF WHA	T COUNTRY?
FUNERAL	9811 Bell					Т			817				J.S.A.	
	11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2)(NO		If yes, epo	ecity Cube		IIC ORIGIN?		or No-	Bleck, W	American Indien, fhite, etc.
BY	3 Widowed 4XXDivo	rced						2 (3)10	орвану				ороску.	White
TED		EDENT'S EDUCA y highest grade o			16a. DECEDENT (Give kind o life. Do NOT	work done			ing	16b. K	UND OF BUS	SINESS/INC	DUSTRY	
	Elementery/Secondary (0)-12)	College (1-4 or 5	+)	Budge		fice	r		U	.S. G	ov't		
once.	17. FATHER'S NAME (First, M	liddle, Last)						v	HER'S NA	ME (First, Mic	ddle, Meiden	Sumeme)		
M M	Charles Pa	apageor	ge					An	ne S	peris				
TO B	190, INFORMANT'S NAME (7									Poute Number				,
2	Janet Atho			201	PLACE OF DISP					Beth	7		20817	
E E	1 S Burial 2 Cremation 4 Donation 6 Other	on 3 🗆 Remov	ral from State		other place)				,				Spring	
	21. SIGNATURE OF FUNERA		NSEE							S So			1 0	,,,
examiner	Maria	1. 2	En	. 1.									ngton.	D.C. 20016
medicai	23. PART I. Enter the di													Approximata
E	IMMEDIATE CAUSE (Fir	nel	lst only one car	use on ea	ich line.									Interval Between Onset and Dasth
Mental Hyghere prov to burlal, cremation, or relativery, or other traumatic event, the med L CERTIFICATION	disease or condition resulting in death)	→	Shock											1 Day
be filed within 12 hours after death with the State Debt. Of regard and hydrere prior to Durial, cremating the MEDICAL CERTIFICATION O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION			DUE TO (OR AS A CONSEQUENCE OF):									2 7/		
ry, or other traumatic	Sequentially list condit if any, leading to imme		- b. Metastatic Cancer 2 Due to (or as a consequence of):										2 Yrs.	
CA la	cause. Enter UNDERLY	ING	Cancer	of I	Breast									
를 분	that initiated events resulting in death) LAS	τ	DUE TO	OR AS A	CONSEQUENCE	OF):								
CEF OF		d.										-		+
CAL CAL	PART II. Other algolfica	ent conditions	contributing to	desth bu	ut not reaultin	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDIC										-	1 TYES 2	□ NO	O	OMPLETION OF CAUSE F DEATH?
show.								-	-	- 1			1	YES 2 NO
r item 23 s SICIAN:	25. WAS CASE REFERRED T						26. PI	LACE OF	DEATH (Ch	eck only one)				
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outp	atient 3 🗆 DOA	OTHE	R: rsing Hom	ne 5⅓ F	leeldence	8 🗆 Other	(Specify)			
PHY	27. MANNER OF DEATH	Pending	28e. DATE OI (Month, I		28b. T	IME OF NJURY	WC	JURY AT DRK?		28d. DESC	RIBE HOW I	INJURY OC	CURED	
B ¥	2 Accident	Investigation	28a PLACE (OF INJURY	— At home, farm	M street for	1 🔲		□ NO	28/ LOCAT	TION (Street	and Numbe	r or Rural Rou	to Marshar
28 is TED	3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Spec	ffy)	, 50,000, 100	nory, orne			City or	Town, State))	or norm nou	e territori,
item P.E.	29e. CERTIFIER (Check only	TIFYING PHYSIC	IAN: To the best o	f my knowl	edge, death occi	rred at the	time, date	end plac	e, end due	to the caus	e(e) and me	nner as sta	rted.	
ANT: If Item COMPLET	cond only 11	C												nd menner es atated.
E C	295. SIGNATURE AND TITLE	E OF CERTIFIER	1 1	,				29c. LIC	CENSE NUI	MBER		29d. DA	TE SIGNED (M	Ionth, Day, Year)
IMP0	Stonly	a	Sch	ne	(3)							•	Oct. 3	1, 1990
-	30. NAME AND ADDRESS O						11 -	יז וי	l	ш	011 ^	. 1		100000
	Stanley A. 31. DATE FILED (Month, Day,		AN DECISTO	ARIO OLONI	ATLINE		11ca	1 Ра	rk D	r. #	ZII S	11ve:	r Spri	ng, MD2090
	NOV (02'90	gu	chia Da	vidson-Ra	nde PO								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

<

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

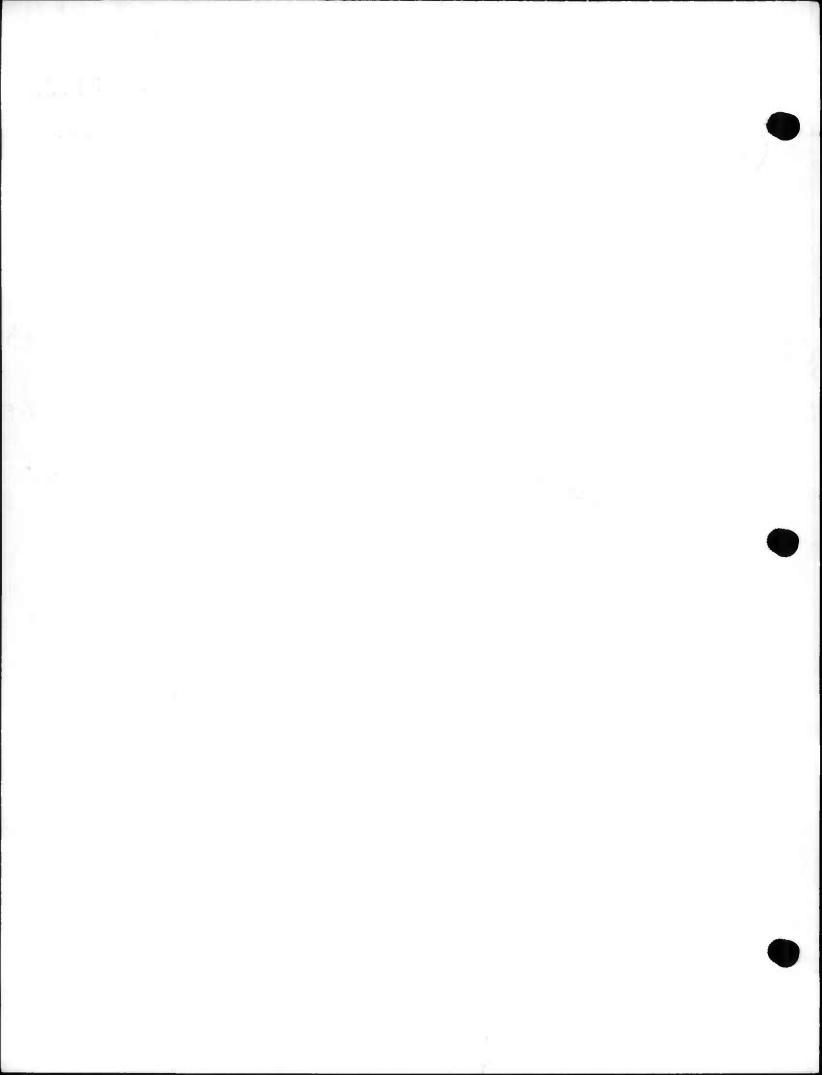
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATH
HARRY	E.	ALDRID	GE			NOV. 1, 1990			9:15 A. M
4. BOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEA		7. DATE	OF BIRTH		6. BIRTHI	PLACE (State or Foreign
578-38-6320	1 🔀 M 2 🗆 F	80 YRS.	ONTHS DAY	B HOURE MIN.	MAY	19,19	10		HINGTON, D.C
Se. FACILITY NAME (If not institution, give a	treet and number)	9	b. CITY, TOW	N OR LOCATION OF DE	HTA		9c. COUN	ITY OF DE	EATH
6906 WELLS 1	PARKWAY			UNIVERSIT	Y PA	RK	PRIN	ICE (GEORGES
RESIDENCE OF DECEDENT		11000							
MARYI AND			TOWN OR LO					1	10d. INSIDE CITY LIMITS?
	NCE GEORGES		INTAER	SITY PARK					1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITI	ZEN OF W	/HAT COUNTRY?
6906 WELLS	PARKWAY			2078				USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED S 2 NO		DECENDENT OF HISPAN specify Cuben, Mexica			or No-	14. RACE Black	— American Indian, , White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 XNO Specify				Specif	
	<u> </u>	i programa			Lin				WHITE
15. DECEDENT'S EDU (Specify only highest grade		(Give kind of wo	SUAL OCCUP rk done during	most of working	166	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	PRINTING			177	.s. col	TODEC	10	
	1	IT KTHITHE	CONSU					٥.	
17. FATHER'S NAME (First, Middle, Last) ELLIOTT	ALDRIDGE			16. MOTHER'S NA		Middle, Maiden S			
	ALDRIDGE		/ PT 10	EDN			MAY		
190. INFORMANT'S NAME (Type/Print) DOROTHY A. ALDRII	OGE (WIF			et and Number or Rural					NIT AND GOOG
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				MIAFI	_		-	RYLAND 20782
20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Rem	oval from State	OB. PLACE OF DISPOSIT FATE OF HEA	TON (Name of	cemetery, cremetory or		- 11	CATION -		
4 Donation 6 D Other (Specify)		AIE OF HEA							NG, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LI	CENCER		FRAN	CIS J. CO	LLINS	S FUNE	RAL F	OME.	INC.
- July	*		500	UNIVERSIT	Y BLV	VD. W.	SI	T. SF	P., MD 20901
23. PART I. Enter the diseases, or	complications that caus	ed the death. Do no							Approximate
shock, of heart failure.	List only one cause on	aech lina.		, .			·		interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition	0.0	, 1		1-					de co
resulting in deeth)	a. CONCO AS	A CONSEQUENCE OF	res?						1990
	Al .	1		(10. 5	- 1	1-			10005
Sequentially list conditions,	b. OUE TO (OR AS	A CONSEQUENCE OF	2 04	VAL J	YO M	ac ic			1783
If any, leading to immediate cause. Enter UNDERLYING	Marlan	A CONSEQUENCE OF:	,	4	14.	B	1		1, , , ,
CAUSE (Disesse Dr injury that initieted events	OUE TO (OR AS	A CONSEQUENCE OF	see	eo "	مر	Mary			1986
resulting in death) LAST									
	d								
PART ii. Other significant condition	ns contributing to death	but not resulting in	the underl	ying cause given in	Part i.	24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
		11				1 TYES 2	. 1		COMPLETION DF CAUSE OF DEATH?
							/ -		1 YES 2 NO
*					_				
25. WAS CASE REFERRED TO MEDICAL			20	. PLACE OF DEATH (C/	heck only o	ne)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O		OTHER:	Home 5 Residence	s □ Oth	er (Snecify)			
27. MANNER OF DEATH	26a. DATE OF INJUR	Y 26b. TIME	OF 28c.	INJURY AT		SCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pending	(Month, Day, Year	0 915		WORK?					
2 Accident Investigation	111111	IRY — A1 home, farm, st		7	28f. LO	CATION (Street o	and Numbe	r or Rumil i	Floute Number
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	pecify)	ieot, izotory,	J11100	City	or Town, State)	1101100	or morely	Tours Harrison,
On CENTRIES > /									
(Check only CEHTIFTING PHYS	SICIAN: To the best of my kn								
2 MEDICAL EXAMIN	ER: On the basie of examina	tion end/or investigation	, in my opinic	n, death occured at the	e 1lme, date	e and place, an	d dun to ti	te cause(e	e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R	-		29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
Katherine.	M. Sore	ced my		326	873	3	11	1-1-	90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type,	Print)	,		2.			
5804 Bel 4	Linear to	tuenue	Nya	46 V. 180	2 . /	Mil a	207	81	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		1						
NOV 02 '90	guha De	widson Randa	00_						

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zermours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. dot

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



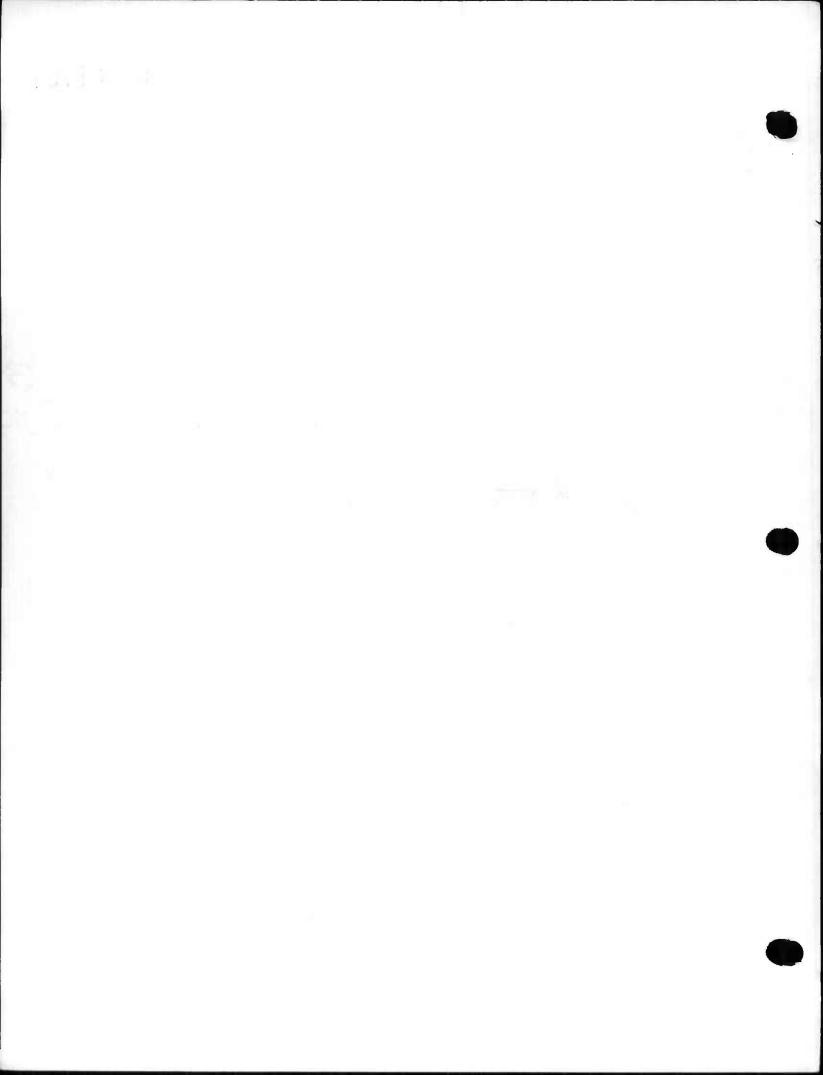
90	3	7	5	L

	1 - STATE REGISTRAR		CE	RTIF	CATE (OF	DEATH		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Lest) Thomas		Apel						30-90	W .	YEAR	3. TIME OF OEATH 2:20PM M
		8. SEX 8	AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YE	AR AYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year) 22,1	969	Count	IPLACE (State or Foreign y) ryland
IOR	9a. FACILITY NAME (If not Institution, give street and number) 1234 Briggs Chaney Road				9b. CITY, TO		e Location of OE neaton	ATH			NTY OF D	ery County
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery			10c. CIT	Y, TOWN OR L		on hersburg	3				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
ERAL	877 Clopper Road, Apt.l					10f.	ZIP CODE 20878					what country? States
à l	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ∑ YES 2 ☐ P IF YES, GIVE WAR OR DATES 1988-1990			If ye	s, spe	ENDENT OF HISPAN city Cuban, Maxica 2 XNO Specify	n, Puarto Ri		or No	Spec	E — American Indian, k, White, etc. ite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1.2			ve kind of a Do NOT us	usual occu work done durir se retired.)			16b.	KINO OF BU	siness/ini	DUSTRY	
COM	17. FATHER'S NAME (First, Middle, Lest) Rene Apel			Bet	acne		18. MOTHER'S NA	ME (First, Mi		Surname)		
BE	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (S)	troot a	nd Number or Rural I			m. State. Zi	o Code)	
임	Mrs. Hilde Apel-Ja	av.										MD. 20878
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov		_	OF DISPOS			etery, crematory or		_	CATION -		
	Gate of Heaven Cemetery Silver Spring, Ma:											
į	21. SIGNATURE OF FUNERAL SERVICE LCC	Sulla		348	Hom	e/I	ockvill Rockvill Rockvil	e, In	c., 3	00 W	. Mo	ntgomery
ATION	shock, or heart failure. List only one cause on each line. Interval Betwee Onset and Defined Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Betwee Onset Interval Bet									Onset and Death		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DR AS A CONSEC	VSEOUENCE OF):									
DICAL	PART II. Other algolificant conditions	eath but not r	resulting in the underlying cause given in F				Part I. 24a. WAS AN AUTOPSY PERFORMED?			24	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 \(\subseteq \text{NO} \)	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one	p)			
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		e 5 🗆 Residence		,	SC	ene	
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Netural 5 Pending 5 Decident Investigation	28n. DATE OF II (Month, Dey 10-30-	NJURY	28b, TIN	IE OF 28	lc. INJ WO	URY AT RK?	28d. DES	er of	fari	m tr	actor that
	3 Suicide 6 Could not be 4 Homicide determined	building, e	INJURY — At ho tc. (Specify)	E	Farm			flipped over on subject 281. Location (Street and Number or Rural Round Number, City or Town, State) 1234 Briggs Chaney Road,				ey Road,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC EXAMINER											
TO BE C	296. SIGNATURE AND TITLE OF GERTIFIER DOWNED WAR		29c. LICENSE NUI							D (Month, Day, Year) -31-90		
	DONALD WRIGHT, MD	COMPLETED CAUSE	OF DEATH (ITE			Stı	eet,Balt	timor	e,MD	2120	1	VC
	DONALD WRIGHT, MD 111 Penn Street, Baltimore, MD 21201 vo 31. DATE FILED (NOT) DO 12. REGISTRAR'S SIGNATURE Full Davidson Rendere.											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 medical death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 at the within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal.

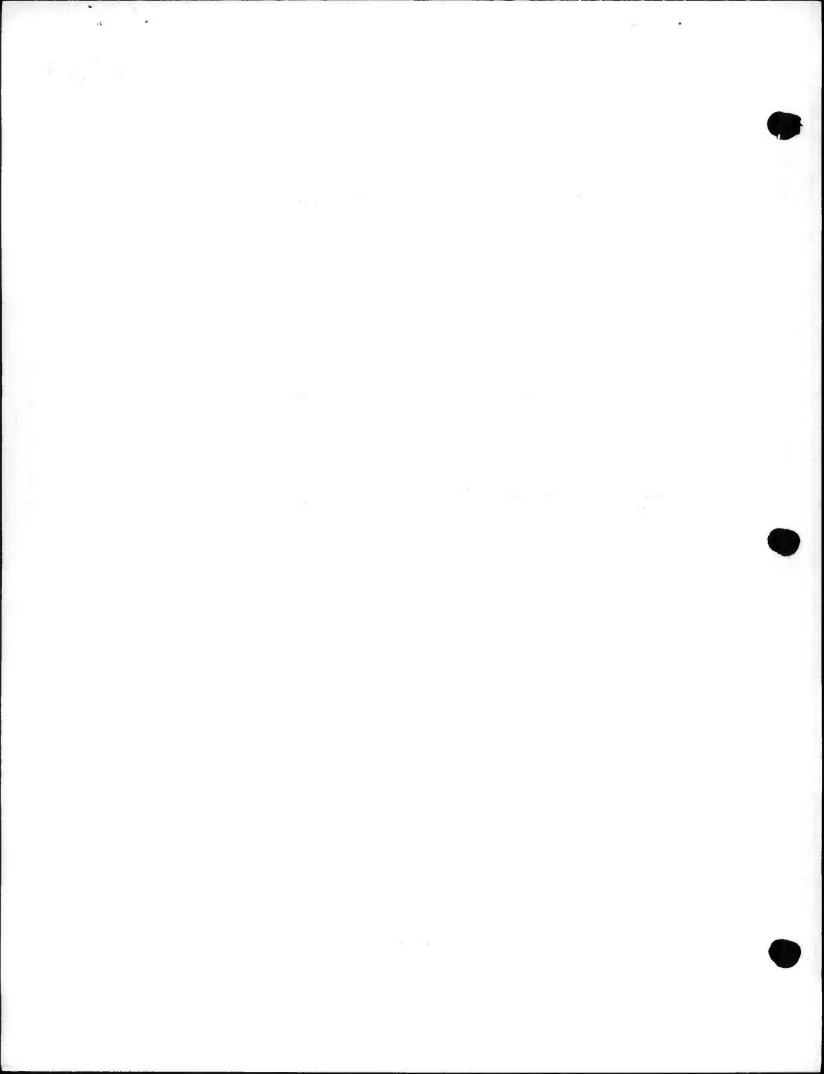
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA			OF HEALTH AND	MENTAL HYGIEN REG. NO				
!	1. DECEDENT'S NAME (First, Middle, Last) ADA S.	BOOZ				2. DATE OF DEATH D.	ž5	VEAR 1	3. TIME OF DEATH	
	060 10 5170	SEX 6. AGE (1	In yrs. last birthday) YRS.	MONTHS C	/EAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MARCH 17, 1		a. BIRTHPLACE (State or Foreign Country) NEW JERSEY		
OR	9a. FACILITY NAME (If not institution, give street SALISBURY NURSING				BURY, M.D	EATH		MICO		
ត្ត	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	-	Inc CITY	, TOWN OR	LOCATION			Τ.	10d. INSIDE CITY	
DIRECTOR	MARYLAND WICOMIC	0		ISBUR	7				LIMITS?	
₹	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ		IAT COUNTRY?	
FUNERAL	707 BUCKINGHAM CIRC				21801				SA	
B	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	If y	S DECENDENT OF HISPA es, specify Cuban, Maxico YES 2 X NO Specif	nn, Puerto Rican, etc.)	i or No-	Black, Specify	- American Indian, White, etc. : WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12) 1.2	ON ploted) oflege (1-4 or 5+)	18e. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCC vork done dui e retired.)	UPATION ing most of working		SEY D	EPAR	TMENT OF	
M	17. FATHER'S NAME (First, Middle, Last)		CDERIK		10 MOTHEDIO N	LABOR A		דפחתו	KI	
	NORMAN B. STINSON,	SR				B. ANDERSO				
BE	19a. INFORMANT'S NAME (Type/Print)	51(4	19b. MAILING	AOORESS (Street and Number or Rural			Code)		
2	BARBARA MCNAMARA		707 BI	JCKING	GHAM CIRCLE	, SALISBUR	Y, ME			
	20s. METHOD OF DISPOSITION 1 □ Burisl 2 □ Cremation 3 ☒ Removal 4 □ Donation 6 □ Other (Specify)	from State	. PLACE OF DISPOS	OF DISPOSITION (Name of cometery, cremetory or CEMETERY ASSOCIATION EWING TOWNSHIP, NJ						
	21. SIGNATURE OF FUNERAL SERVICE LICENS	the same of the sa	VING CEPH	22. N/	ME AND ADDRESS OF FA	ACILITY	IG TON	MOUT	r, NJ	
	Exercise D	Selle	1		LLER FUNERA LISBURY, MD					
9	23. PART I. Enter the diseases, or com ahock, or heart fallure. List	plications that caused	the death. Do r				iratory arm	eat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cand DUE TO (OR AS A		la it	luc				Onset and Death	
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): C' O PO DUE TO (OR AS A CONSEQUENCE OF): C. CLAR CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions of	ontributing to death b	out not resulting	In the und	ariying cause given ir	1 Part 1. 24a. WAS AI PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)				
Sic		OSPITAL: Inpetient 2 - ER/Outp	patient 3 🗆 DOA	OTHER:	ng Home 5 🗌 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Antural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIM	E OF 2	Sc. INJURY AT WORK? 1 YES 2 NO	28d. OE\$CRIBE HOW	INJURY OCC	CURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	f — At home, farm, city)	street, factor		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL COMPONENT OF CERTIFYING PHYSICIAL EXAMINER: C								and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2	29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)			
	30. NAME AND AODRESS OF PERSON WHO C WILLIAM ROBINS, MD				SALISBURY	MD. 21801	l.	/		
	31. DATE FILED (Month, Day, Year)					, 121 21001				
	NOV 7'90	32. REGISTRAN'S SIGNATURE GUNA NEW DOON-Randall								



FOR STATE REGISTRAR		STATE OF I		DEPAR				D MI	ENTAL HYGIEN REG. NO.	_	91	31756
1. DECEDENT'S NAME (First	Middle, Lest)	Mild	red I	yler	Brad	sha	W	1	2. DATE OF DEATH MONTH DA	AY	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-07-70		5. SEX 1 M 2 X XF	6. AGE (In yrs		IF UNDER 1 Y	_	IF UNDER 24 HR	_	7. DATE OF BIRTH (Month, Day, Year) 3 / 1 0 / 1 9 1	2	Count	HPLACE (State or Foreign ny) ryland
90. FACILITY NAME (# not in William H		New York Control	'enter				idae	F DEAT	тн		NTY OF E	
William H										1 1	<i>////</i>	
Maryland	Dor	chester		10c, CIT	Y, TOWN OR Cam		-					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						10f. Z	IP CODE			10g. CI1	IZEN OF	WHAT COUNTRY?
408 Sheph	erd A	venue					21613	3		US	3	
11. MARITAL STATUS 1 Never Merried 2 2 XWidowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y			lf y		fy Cuben, Me		ORIGIN? (Specify Yee Puerto Rican, etc.)	or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. White
15. DEC (Specify onl Elementary/Secondery (f	CEDENT'S EDUC ly highest grade 0-12)	CATION completed) College (1-4 or 5		Ille. Do NOT us	work done dur	ing most	of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, M	Niciclin, Last)			DOOM	жеер		A MOTHER'S	NAME	E (First, Middle, Maiden	Sumama		
		man la										
Samuel J		Tyler							h Prite			
Thomas B.		shaw, J	r.						t. 4C N			10128 N.Y.
20e. METHOD OF DISPOSIT	TION	augh from State	20b. Pl./	ACE OF DISPOS	SITION (Name	of cemet	ery, crematory	or	20c. LO	CATION -	City or To	own, State
4 Donation 5 D Other	(Specify)	OVER ITOM STATE			ter I	Memo	orial	P	ark C	ambr	ida	e. Md.
21. SIGNATURE OF FUNERA	AL SERVICE LIC	MINSEE			22. NA	ME AND	ADDRESS O	FACIL	Thoma:	s Fu	ner	al Home Md. 21613
23. PART / Enter the d	lisenses, or o	,	t caused the	deeth. Do i	not enter th	e mode	of dying	such :	sa cardiac or man	retory a	rrest	Approximats
shock, or h	eert fellure.	I let aply and any	deep an ann	time					Geranom			interval Between Onset and Death
disease or condition	→	a/	Hea	stal	who	Xa	ane	n	warm	a	/	
		DUE TO	(OR AS A CO	NSEQUENCE O	F):	1	1.		1			
	-	a K	ena	0	nou	M	un	n	V			
Sequentielly list condit If any, leading to imme	diete	DUE TO	HOR AS A CO	VSEQUENCE O	n -4	-0	á		0			
ceuse. Enter UNDERLY CAUSE (Disease or inju		. 1	un	do	rac	n	11		1112			
that initiated events		DUE TO	(OR AS A 96)	SEQUENCE O	F):							
resulting in death) LAS	ST		0									
PART II. Other significa	nt condition	s contributing to	death but n	ot resulting	in the unde	rlying	csuse giver	n in Pa	PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Per	ses	ans	Na	ure	1 V	Ver	ns	er .	1	LIPHO		OF DEATH?
		T										
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLA	CE OF DEATH	(Checi	ck only one)			
1 TYES 2 DIE		1 Simpatient 2	☐ ER/Outpaties	M 3 🗆 DOA		g Home	5 🗆 Reside	nce 6	□ Other (Specify)			
	Pending Investigation	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. TIN	ME OF 2	Bc. INJUI WORI 1 YE	RY AT K? S 2 NO	- 11	28d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — /	At home, farm,	street, factor	, office		2	281. LOCATION (Street City or Town, State)		er or Runal	Route Number,
29e. CERTIFIER	TIFYING DUVE	ICIAN: To the heat -	1 my knowleds	death non-	rad at the time	a data -	nd place and	due to	o the cause(a) and ma	nner na -t	ated	
(Check only												(e) end menner as stated.
296 STGMATURE AND TITLE	C C	Wash	inti	n /	77	T	29c. LICENSE	NUMB	BER 3/108	29d. D/	TE SIGNE	(Mghth, Day, Mar)

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Aura after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

31. DATE FILED (MONO)

'90

32. REGISTRATS SIGNATURE

Juna Davidson

-Andele

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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and desire at

Page 6 may be retained by the hosp	al director, page 5 should be detache	ner must be notified at once.
be executed within 24 hours after death	ian and completely filled in by the fune or to burial, cremation, or removal.	aumatic event, the medical exam
w requires that the death certificate b	been signed by the attending physici of Health and Mental Hypiene prio	shows any injury, or other tra
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached authorized about with the State Dent of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSP	TO THE FUNE	IMPORTANT

	1	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 90 31757										
		1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY MEAN 3. TIME OF DEATH										
		Raymond Dewitt Bloom Sr.										
		4. SOCIAL SECURITY NUMBER 215-18-1609 5. SEX 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 72 YRS. 8. AGE (In yrs. lest birthdey) 73 YRS. 8. AGE (In yrs. lest birthdey) 74 YRS. 95 YRS. 96 YRS. 97 YRS. 97 YRS. 98 YRS. 98 YRS. 98 YRS. 98 YRS. 98 YRS. 99 YRS. 90 YRS. 9										
OR		Sa. FACILITY NAME (If not institution, give street and number) Carroll County Gen. Hospital Sb. CITY, TOWN OR LOCATION OF DEATH Westminster Sc. COUNTY OF DEATH Carroll										
١٤	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 11 VES 2 10c. STREET AND NUMBER 5000 Krider's Schoolhouse Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16. STREET AND NUMBER 10c. CITY. TOWN OR LOCATION 1 ON INSIDECT 1 VES 2 10c. CITY. TOWN OR LOCATION 1 ON INSIDECT 1 VES 2 10c. CITY. TOWN OR LOCATION 1 ON INSIDECT 1 VES 2 1 ON INSIDECT 1 VE											
ERAL												
B	İ	11. MARITAL STATUS 1										
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working most of working and the conformation of the confor										
		17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Russell James Clayton Bloom Sylvia Ann Bair										
TO BE		19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21102										
-		Raymond D. Bloom Jr. 1685 Harvey Yingling Rd. Manchester, Md.										
		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Meadow Branch Cemetery 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Meadow Branch Cemetery 20c. LOCATION - City or Town, State Westminster, Md.										
		21. SIGNATURE OF EUNERAL SERVICE LICENSEE Pletcher Funeral Home 254 East Main Street Westminster, Md. 21157										
		23. PART i. Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ahouk, or heart fallure. List only one cause on each line. Approximate interval Between										
		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Quadio Julyanaul Ruse t										
_		DUE TO (OR AS A CONSEQUENCE OF): VILLEMO TROVAIN										
ATIO		Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING 4 4 4 4 4 4 4 4 4 4 4 4 4										
CERTIFICATION		CAUSE (Disease or Injury that initiated events resulting in death) LAST										
		6.										
MEDICAL		PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 THO										
PHYSICIAN:		26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one)										
		27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Pending M 1 YES 2 NO										
TED BY		2' Accident Investigation 3 Suicide 6 Could not be datermined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)										
COMPLET		THE CENTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(a) and menner as stated. 2. MEDICAL EXAMINER: On the sists of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner as stated.										
BE	1	1286. SIGNATURE AND TITLE OR CENTRALES 2861. DATE SIGNAED AND SIGN										
0	~	30. NAME AND ADDRESS OF PERSON WHI TO PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
		31. DATE FILED (Month, Day, Year) 2. REGISTRAR'S SIGNATURE										
- 1	- 1	NOV 7'00 Julia Davidron-Randelle										

Anathra and teleforal June 1970 Total man a debute, a management as a second

TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 72 hours after death with the State hear of Hearth and Mental Morien Montal Morien and mind. Cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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를	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face within 22 hours after death with the State Best of Health and Mental Horiene infort in build cremation, or removal	E
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Starynski,

Dr.

31. OATE FILED (Month, Day, Year) 7 '90

925

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

925 Seton Drive, Cumberland, MD
32. DEGISTRAN'S SIGNATURE
Julia Davidson-Randelle

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI					MENTA	L HYGIEN		90	-3	31758
	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIR	ME OF DEATH
	CLARENCE		Willia	m	מ	RADFI	ree n			MONT	10	26	90		10:00 p M
	4. SOCIAL SECURITY NUM	BER	5. SEX		rs. last birthday)	IF UNDER		IF UNDER	R 24 HRS.	7. DATE	OF BIRTH			HPLACE	(State or Foreign
	236-66-2032		1 M 2 F		90 YRS.	MONTHS	DAYS	HOURS	MIN.	Aud	27 1	900	Wes		Virginia
1 1	9s. FACILITY NAME (if not institution, give street and number)			1.17	9h CITY	TOWN (DR LOCATI	ON OF D	_		_	NTY OF D		ATTATHT	
œ															
2	Memorial Hospital					Cun	nber	1and	<u>, MD</u>			A1	1ega	ny	
입	10a. STATE	10b. COUNTY	1		10c. Cf	TY, TOWN O	R LOCAT	TION						10d. [NSIDE CITY
DIRECTOR	W. Va.	Hamp	shire	1 1	Paw 1	Paw								LIMITS? YES 2 NO	
	10e. STREET AND NUMBER						I, ZIP COD	E			10g. CIT	IZEN OF V	WHAT C	OUNTRY?	
2	Route 1							254	134			U.	S.A		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.	S. ARMED	13. 1	WAS DEC	ENDENT (OF HISPAI	NIC OBIGI	N? (Specify Yes	or No-	14 BAC	F - An	nerican Indian.
					2 NO	1	If yes, sp		en, Mexica	nn, Puerto	Rican, etc.)	0.110	Blec	k, Whit	a, etc.
BY	3 🛣 Widowed 4 🗌 Divi	orced	IF YES, GIVE	MAN ON UNIE	3	'	I YES	Zagaj NU	Specif	y:			Spec	M. W.	hite
0	15, DEC	CEDENT'S EDU	CATION	16	a. DECEDENT'S	USUAL O	CCUPATION	ON		16b	. KIND OF BUS	SINESS/IN	DUSTRY		
ᇤ	(Specify on Elementary/Secondary (ly highest grade	College (1-4 or 5	+)	(Give kind of life, Do NOT a	work done one one one one one one one one one	during mo	at of world	ng	- 1					
김		8		"	Farr	ner					Farm	ing			
COMPLETED	17. FATHER'S NAME (First, A	Aiddle, Last)						16. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumeme)			
	W	illia	m Bradf	ield				N	lary	E.	Keit	er			
핆	19a, INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	S (Street a	and Numbe	r or Rural	Route Num	ber, City or Yow	n. State. Zi	p Code)		
일	Contraction of Party	cy Mi	ahaol		Rt.1						. 25		, ,		
				20h P	LACE OF DISPO					• va		CATION -	City or Tr	nwn St	ate
	20a, METHOD OF DISPOSIT 124 Buriel 2 Cremeti 4 Donation 8 Othe	on 3 Rem	oval from Stale	ot	her place)					tar	y P				
	21. SIGNATURE OF FUNERA		CENSE		15.			ND ADDRE			y	aw I	aw,	77 .	va.
	•)	0 /				McF	(ee	Fune	eral :				
Н	Jan		dy	les					_	_		267			
	23. PART I. Enter the cahock, or h	liseeses, or o neart failure.	complications to List only one ca	et caused thuse on each	ne deeth. Do n line.	not anter	the mo	ode of dy	ing, auc	ch aa can	diac or reap	iratory a	rreat,		Approximate Interval Between
	IMMEDIATE CAUSE (FI	nel	D 1			-	1	1							Onaet and Death
	disease or condition resulting in death)	\rightarrow	· ful	mon	ONSEQUENCE O	1-0	rel	ure	-						3 wester
	500 mm 200 mm 200 mm		DUE TO	OR AS A CO	ONSEQUENCE	OF):									
Z	Sequentially list condi		b												
CERTIFICATION	If any, leading to imme	edlete	DUE TO	OR AS A CO	ONSEQUENCE (OF):								- 1	
₫	cause, Enter UNDERLY CAUSE (Disease or Ini-		c	500000											
造	that initiated evants resulting in death) LAS	T.	DUE TO	OR AS A CO	DNSEOUENCE	OF):								i	
EH	resulting in destil) LA	" (d											-	
	PART II. Other algolfic	ent condition	ns contributing to	death but	not resulting	in the ur	nderlyln	g cause	given in	Part I.	24a. WAS AN		241	b. WERE	AUTOPSY FINDINGS
CAL											PERFOI	-		COME	ABLE PRIOR TO PLETION OF CAUSE
EDIC											1 TYES	Z ANO			EATH?
Σ														1 🗀	YES 2 THO
SICIAN:	25, WAS CASE REFERRED	TO MEDICAL				_	26.0	ACE OF	DEATH (C)	heck only o					
ō	EXAMINER?	TO MEDIONE	HOSPITAL:			OTHE	R:				,				
l⊀S	1 2 YES 2 NO		1 Impetient 2		_	_			lasidenca		er (Specify)				
PHY		Pending	28a. DATE O (Month,	Day, Year)	28b. Ti	JURY M	W	JURY AT ORK?		28d. DE	SCRIBE HOW	INJURY O	CCURED		
B	2 Accident	Investigation	20 20 100					YES 2	□ NO	-					
<u>a</u>	3 Suicide 6 4 Homicide	Could not be determined	building	, atc. (Specify)	At home, ferm	street, fact	tory, offic	ca		City	CATION (Street or Town, State	and Numb)	er or Rurai	Floute F	Yumber,
E															
릴	Conson ormy		ICIAN: To the best of												
COMPLET	one) 2 MEG	DICAL EXAMINE	ER: On the basis of	examination a	nd/or investigat	ion, in my d	opinion,	death occu	ured at the	e time, dat	a and place, a	nd due to	the cause((a) and	manner as stated.
ш	296. SIGNATURE AND TITL	OF CENTIFIE	H					29c. LIC	CENSE NU	IMBER					th, Day, Year)
0 86	John Phil	my	Li	P				Т	332	240			101	29	190
12	Acres sun comments		O COMPLETED CAL						- 332	- 10				-	

(. 3 sm die)	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rich death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-transit permit. Pages 1, F. 3-sman	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTA	AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		02.11.11	ALC OF BEATT	2. DATI	E OF OEATH	1 - 645	3. TIME OF DEATH
HOWARD SYL	VANUS B	UTLER		MONT		90	22:50pm M
4. SOCIAL SECURITY NUMBER		yrs. lest birthday) F	UNDER 1 YEAR IF UNDER 24 HRS	B. 7. DATE	OE BURTH	a. BIRT	HPLACE (State or Foreign
213-18-2654 9a. FACILITY NAME (If not institution, give s	1⊠M2□F 81	YRS.	NTHS DAYS HOURS MIN.		th, Day, Year) 3/09		yland
SACRED HEART HOS		96	CUMBERLAND, N			ALLEGA	
RESIDENCE OF DECEDENT							212
10a. STATE 10b. COUNT	Y	10c. CITY, To	OWN OR LOCATION	-			10d. INSIDE CITY
MD Garre	ett	Gra	ntsville				1 YES 2- 140
10s. STREET AND NUMBER			10f. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
Rt 1 Box 99			21536			USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HIS			0- 14. RAC	E — American Indian, ck, White, etc.
1 Never Married 2/2 Married	FORCES? 1 YES		If yes, specify Cuban, Mes 1 Tes 2 To NO Spe		Hicen, etc.)	Spe	
3 Widowed 4 Divorced	L					Wh	ite
15. OECEDENT'S EDU (Specify only highest grade	(CATION completed)	16a. DECEDENT'S USI (Give kind of work	done during most of working	16	b. KINO OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)				
7th		Laborer			Rodame		crete
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First,	Middle, Maiden Surna	me)	
McClellan But	ler				h Folk		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Ru	rel Route Nur	mber, City or Town, Sta	te, Zip Code)	
Mary V. Butler		R+ 1 B	ox 99 Grant	svil	1e.Md 2	1536	
20a. METHOD OF DISPOSITION 3 Burlal 2 □ Cremation 3 □ Rem	20b.		ON (Name of cemetery, crematory		20c. LOCATIO		own, State
4 Donation 5 Other (Specify)			Mennonite		Grant	svill	e, Md
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND AODRESS OF	FACILITY			
At the K-	1/2	-)					eral Home
23. PART I. Enter the diseases, or	complications that caused	the death Do not	155 Main S	t G	rantsvi	11e.N	Approximate
ehock, or heart fallure.	List only one cause on ea	ch line.	orner the mode or dying, a	don de ca	rolac of respirator	y wirest,	intarval Between
IMMEDIATE CAUSE (Fine)	1.		1				Onset end Death
resulting in death)	· Cardi	CONSEQUENCE OF):					Minutes.
	A+/	CONSEQUENCE OF):	Coronary art	4	1.0001		
Sequentially list conditions,	b. ///www.	CONSEQUENCE OF):	-oronary arts	79 0	(5.6426		1 (415
if any, leading to immediate cause. Enter UNDERLYING	00E 10 (011 AS A	CONSEGUENCE OF J.					i
CAUSE (Disease or Injury	C. DUF TO (OR AS A	CONSEQUENCE OF):					
that initiated events resulting in death) LAST							
	d						
PART II. Other significant condition	na contributing to death bu	it not reaulting in t	tha underlying cause given	in Part I.	24s. WAS AN AUTO		b. WERE AUTOPSY FINDINGS
Prouning Con	igative Hear	1 Faily	c. Cercho.		PERFORMED		AMAILABLE PRIOR TO COMPLETION OF CAUSE
Variables of		rtic St	,		10 123 253		OF DEATH?
0.07(40) 01	17.410	71.6)/	1000				T TES 2 INO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only)	nne)		
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:				
27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME C	Nursing Home 5 Resident F 28c. INJURY AT	_	er (Specify) ESCRIBE HOW INJUR	Y OCCUBED	
1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 NO	-		, GOOGILED	
2 Accident Investigation	28e. PLACE OF INJURY	- At home form stre			CATION (Street and N	lumber or Priva	I Doude Number
3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Speci				y or Town, State)	ones or rose.	rious runnes,
29e, CERTIFIER							
(Check only	BICIAN: To the best of my knowle						
2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation,	in my opinion, death occured at	the time, de	ta and place, and du	a to the cause	(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	IR .		29c. LICENSE	NUMBER	290	I. DATE SIGNE	ED (Month, Day, Year)
1 hon	will 19e	eli 2	ee DU	488		11-	7-90
30. NAME AND ADDRESS OF PERSON WI				1.1			
Thomas J. L	Touting M.D.	74 Ja.	Mson St.	60	naconina	, My	21539
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	TURE					
NOV 0 0 1990 6	HOUR DINIGOON -						

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Dept.	23
State	Hem
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death	E mar
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31. DATE FILED (Month, Day, NOV

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	FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	~			2. DATE OF DEATH		3. TIME OF DEATH
	Honer	Banks			MONTH DAY	-	and the same of th
	4. SOCIAL SECURITY NUMBER 5	i. SEX 6. AGE (In yrs. la	st birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign
	720-120683 1	M2□F 67	YRS. MONT	THE DAYS HOURS MIN.	(Month, Day, Year) 6/5/23		Md -
E	9a. FACILITY NAME (If not institution, give stree	t and number)	1 9b.	CITY, TOWN OR LOCATION OF D	EATH /	9c. COUNTY C	1 1
DIRECTOR	RESIDENCE OF DECEDENT	17.77 2 237 11 11 17 1	1/10/14	[24) 16N		1 cuj n	70 /
Ä	10a. STATE 10b. COUNTY	1	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
	Mdi Done	ches le	Car	mbridge			1 FYES 2 NO
FUNERAL	820 Robins 5	+		101. ZIP CODE	3	10g. CITIZEN	OF WHAT COUNTRY?
Ž I		2, WAS DECEDENT EVER IN U.S. AI	RMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes)	or No.— 14. 1	RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES		If yes, specify Cuban, Mexic	en, Puerto Rican, etc.)		Black, White, atc.
BY	3 Wildowed 4 Divorced ,	IF TES, GIVE WAR OR DATES		1 TES 2 (2) THO Speci	ry:	1	Black
입	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 16a, D	ECEDENT'S USW	AL OCCUPATION lone during most of working	16b. KIND OF BUSI	INESS/INDUSTI	ay .
		College (1-4 or 5+)	e. Do NOT use reti	red.)			
COMPLET							
	17. FATHER'S NAME (First, Middle, Lust)	1-1-		18. MOTHER'S N	AME (First, Middle, Malden S		- 1
뀖	190, INFORMANT'S NAME (Type/Print)	anglis	Oh MAII ING ADD	RESS (Street and Number or Rural	Boute Mumber City or Tour	State 7 to Code	
2	Mildred Board	65	821R	chies St (Pambai 25	0 M	1.21613
	20a, METHOD OF DISPOSITION	20b. PLACI	E OF DISPOSITION	N (Name of cametary, crematory or	200,100	ATION - City	or Town, State
	1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		place) S/d	Lield Comb	CI	ch 1	-eeks
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	0,0	22. NAME AND ADDRESS OF F	ACILITY	A POPI C	
	· Janelle	C. Hey B	ruck	Henry	E. H. Ca.	mb ni	dse, md.
	23. PART I. Enter the diseases, or cor	mplications that caused the d	leath. Do not e	nter the mode of dying, su	ch as cardiac or respir	atory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel						Onset and Death
	disease or condition resulting in death)	CEREBROV	ASCU	SLAR ACC	DENT		1-3-90
		DUE TO (OR AS A CONSE					
Z	Sequentially list conditions, b.						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):				
5	CAUSE (Disease or Injury C.	DUE TO (OR AS A CONSE	FOLIENCE OF:				
Ē	that initiated events resulting in death) LAST	00E 10 (011 A0 X 00110)	EUGENOE OI J.				
與	d,						
	PART II. Other significant conditions	contributing to death but not	resulting in th	e underlying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
2					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
입	140	FUNE	DIA	BETER		7	OF DEATH?
PHYSICIAN: MEDICAL		1120.			—		10 100 10 10
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
Sic		HOSPITAL:	3 DOA 4P	HER: Nursing Home 5 - Residence	6 Other (Specify)		
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURE	ED
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO			
Э ВУ	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	home, farm, street	t, factory, office	281. LOCATION (Street a City or Town, State)	nd Number or A	ural Route Number,
	4 Homicide detarmined						
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, o	death occurred at	the time, date and place, and du	e to the cause(e) and man	ner as stated.	
COMPLETED		On the basis of examination and/or	r investigation, in	my opinion, death occured at th	e time, date and place, and	d due to the ca	use(s) and manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	X Ch	5	29c. LICENSE NO		29d. DATE SIG	GNED (Month, Day, Year)
TO B	C.M.	12am 11:	/	Doo	250	10	120 90
É	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Prin	()			, ,
	415 12/	ST HOVEK	12-19	D18701 14	12160		

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rendelle

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and M	IMPORTANT: If Item 28 is marked, or item 23 shows any inju

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) 7'90

B. Hargis

Jeffrey

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	FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	TMENT	OF H	IEALTH AND I	MEN	REG. NO.	Ε .	30	3176	5
	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH			3. TIME OF DEA	тн
	HELEN M.	BUZZI	ELL					N	OV. 5,	1990	YEAR	9:55	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. D	ATE OF BIRTH		S. BIRTH	IPLACE (State or F	oreign
	024-05-7258	1 🗆 M 2 🏋 F	77	YRS.	MONTHS	DAYS	HOURS MIN.		Month, Day, Year)	13	MAS	າ) SACHUSE'	רדכ
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN (OR LOCATION OF DE	_	01,11,19	_	NTY OF D		110
۳ ا	12124 GAYNOR ROAI)			Ī	ROCK	VILLE			MON	TGOM	EBA	- 1
E I	RESIDENCE OF DECEDENT					toore	VIDDE	-		HON	IGOM	EKI	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	TION					10d. INSIDE CIT LIMITS?	Y
		SOMERY			ROCK	ILL	E					1 YES 2	NO
¥.	10e. STREET AND NUMBER					101	, ZIP CODE			10g. CIT	IZEN OF 1	WHAT COUNTRY?	
FUNERAL	12124 GAYNOR ROAI						20852				SA		
2	11. MARITAL STATUS 1 Never Merried 2 Merried		T EVER IN U.S. AR				ENDENT OF HISPAN ecify Cuban, Mexica			or No-	14, RACI Blac	E — Americen Ind k, White, etc.	len,
BY	3 K Widowed 4 Divorced	IF YES, GIVE V					2X NO Specify				Spec		
	15. DECEDENT'S EDUC	CATION	tae DE	CEDENTIE	USUAL O	CUBATI	200		16b. KIND OF BUS	MAECO/IM	WHI	TE	
	(Specify only highest grade	completed)	(G	ive kind of			ost of working		100. KIND OF 803	SINE SS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5		OMEM	A IZ IZ D								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			OMEM	AKEK		16. MOTHER'S NA	ME (F	First, Middle, Maiden	Sumeme)			
	JAMES JOSEPH McH	ACHE					111111111111111111111111111111111111111						
BE	JAMES JOSEPH McFAGUE MARY VERONICA McCONAGLE 196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	JANE IMPELLIZZERI	(DAUGH										21012	i
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Mame of complete complete or 20s. LOCATION — City of Town, State												
	1 Burlel 2 X Cremation 3 Removal from State other place) 4 Donation 6 Other (Specify)												
1	22 NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.												
	500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901												
-	an DART I But the	5		-44 - 15 -									
	23. PART I. Enter the diseases, or hock or heart fallers.	complications the	it caused tha de use on each line	eath. Do	not antar	tha mo	ode of dying, suc	n as	cardiac pr respi	retory as	rest,	Approxin	Between
	iMMEDIATE CAUSE (Final disease or condition											Onset an	
	resulting in death)	. Acut	c Myelo	geni	305	Lei	skemia					9 W	ccks
		DUE TO	(OR AS A CONSE	OUENCE C	F):		dome (B	,	0 0		1		
NO	Sequentially flat conditions,	b. Myelo	dys plas	hic .	5	yno	frome (B	100	00 Diso	100		2.5	yrs
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OH AS A CONSE	JUENCE C	rrj:							i	
5	CAUSE (Disease or Injury	c	(OR AS A CONSE	DUENCE C)F):								
Ē	that initiated events resulting in death) LAST		(0.000										
CERTIFICATION		d											
AL	PART II. Other algnificant condition	a contributing to	death but not	resulting	in the ur	nderlyln	g cause given in	Part	J. 24a. WAS AN		24	MERE AUTOPSY	
2	Anemia, Neut	ropenia							1 TYES 2	NO	- 1	OF DEATH?	CAUSE
ME	Respiratory F	Failure									1	1 YES 2	NO
ž													
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF DEATH (Ch	heck o	nly one)				
PHYSICIAN: MEDIC	1 YES 2 NO		ER/Outpatient 3	□ DOA	4 Nur		ne 5 Residence	6 🗆	Other (Specify)				
H	27. MANNER OF DEATH	28e. DATE O	F INJURY Day, Year)	26b. TH	ME OF	28c. IN.	JURY AT ORK?	260	I. DESCRIBE HOW I	NJURY O	CCURED		
ВУ	1 Natural 5 Pending 2 Accident investigation				М	1 🗆	YES 2 NO						
ED	3 Suicide 6 Could not be	26e. PLACE building	OF INJURY - At he, etc. (Specify)	ome, farm,	street, fac	tory, offi	CO .	286	City or Town, State)		er or Rural	Route Number,	
1	. 4 Homicide datermined												
PLE	29e. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best o	f my knowledge, de	ath occur	red at the	lime, dat	e and place, and due	e to th	ne cause(e) and ma	nner as st	ated.		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basie of	examination and/or	investigati	ion, in my	opinion,	death occured at the	e time	, date end place, ar	nd due to	the cause	(e) and manner as	stated.
U U	29b. SIGNATURE AND TITLE OF CERTIFIE	R	6.7				29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year	r)
8	Nexen B	- kun	~ M	0			OHIO	20	à	.	- 01	the base	100

29c LICENSE NUMBER 0 H 10 0 5 2 9 3 9

Walter Rees

washington,

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Julia Tavidson-Randall

Hematology-oncology

Medical

20307-5001

D.C.

37, 3

		4. SOCIAL SECURITY NUMBER	5. SEX
		457-74-0094	1 XM 2
pinous		9a. FACILITY NAME (If not institution, give st	reet and num
9	FUNERAL DIRECTOR	Bethesda Retirem	ent &
permit. Pages 1. 2.	IREC	10a. STATE 10b. COUNTY	tgome
mit. F	L D	10e. STREET AND NUMBER	
sit pe	ERA	5480 Wisconsin Av	e., #
46. physician. burial-transit	N N	11. MARITAL STATUS	12. WAS D
146.	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCE IF YES
D3-3	ED E	15. DECEDENT'S EDUC	
212C	LET	(Specify only highest grade Elementary/Secondary (0-12)	College (
AND the hospit detached	MP	12. FATHER'S NAME (First, Middle, Last)	
LA!	TO BE COMPLETED	17. PAIREN & NAME (FIRST, MIGUR, LUST)	
ARY zained should	0 18	19a. INFORMANT'S NAME (Type/Print)	
M, be rel	Ĕ	Eleanor B. Baron	
TAL RECORDS, P.O. BOX 13146, The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending purposition the has been signed by the attending plant and completely filled in by the funeral director, page 5 should be detached for use as the burial-ty are Deter. or health and Merital Hygiene prior to burial, cremation, or menoal. em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		20ayMETHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	ovel from S
Page of dire		21. SIGNATURE OF JUNERAL SERVICE LIC	ENSEE
death.		► /16 5.	1
S after s after by th remova		23. PART I. Enter the diseeses, or conshock, or heart fellure.	
filled In		IMMEDIATE CAUSE (Finel	List Only
rithin a letely remation		disease or condition resulting in death)	a
3146 cuted w d comp unial, ci	z		h
K 13	TIO	Sequentially list conditions, if any, leading to immediate	
BO) cate b physici e prio	S	CAUSE (Disease or injury	с
Certification of Hygien	RTIF	that initiated events resulting in deeth) LAST	
death death le atter	CIAN: MEDICAL CERTIFICATION	PART II. Other significent condition	u.
L RECORDS, P law requires that the deat as been signed by the atta Oper. of Health and Mental 23 shows any Injury,	CAL	- Ar Teni	is contribu
COL Jires the Signed Health	EDI	disea	
R requ	2 :	- cachex	ice
TAL The law te has ate Dep	SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPI
		1 🗆 YES 2 🕅 NO	2 Depart
OF PHYSIC his cel with th	PH	27. MANNER OF DEATH 1 Neturel 5 Pending	28a.
ON OF DING PHYS After this of death with marked,	ВУ	2 Accident Investigation	28e.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, 10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after no the FUNERAL DIRECTOR: After this certificate has been signed by the standing physician and completely filled in by the filled within 72 hours after death with the State Delot. of health and Mental Hygiens prior to burial, cremation, or removal, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical experience.	TO BE COMPLETED BY PHYS	3 Suicide S Could not be 4 Homicide determined	1
DIV OR A DIRECT Hours	PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To th
IO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: IF	OM	one) 2 MEDICAL EXAMINE	
E FUN d with	Ш О	29b. SIGNATURE AND TITLE OF CERTIFIE	R
TO THE TO THE Be filed	0	Lawrence to	- (0
m		30. NAME AND ADDRESS OF PERSON WH	O COMPLE

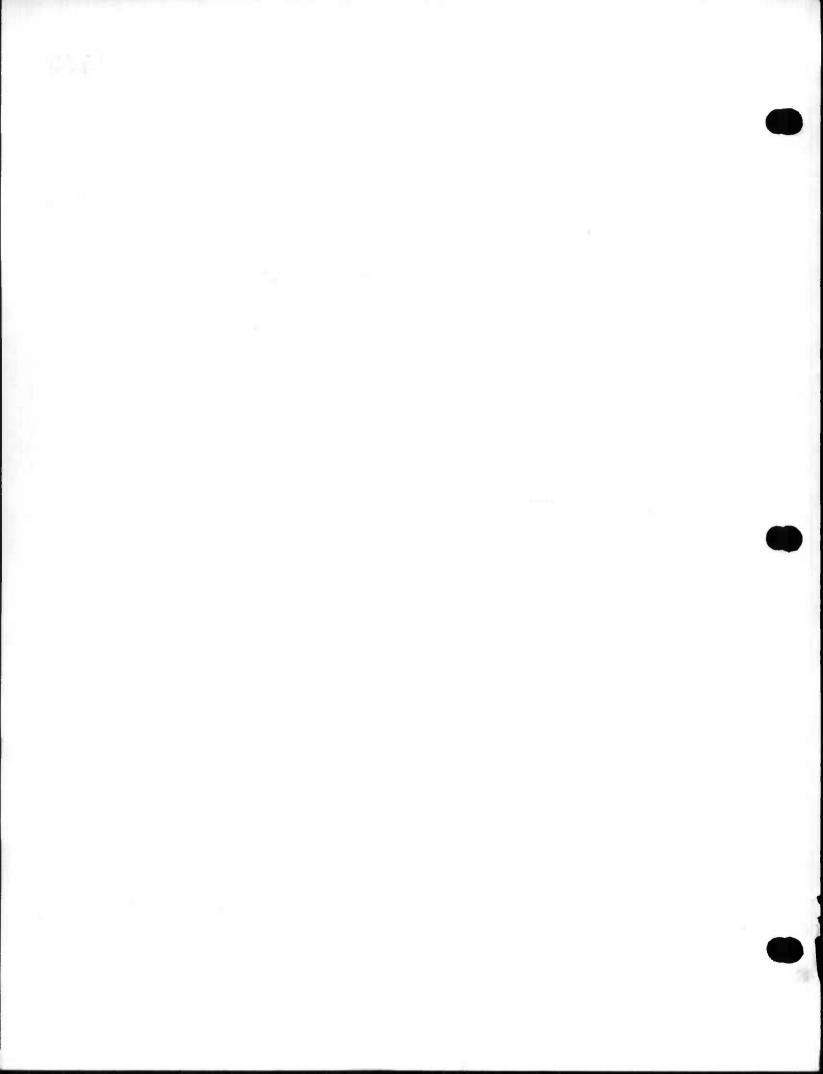
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH ON YEAR 3. TIME OF DEATH													
SAMUEL BARON November 2, 1990 9:40 P. M													
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (in yrs. last		UNDER 1 YE		IF UNDER		7. DATE C	OF BIRTH		s. BIRTHP	LACE (State or Foreign
457-74-0094		1 XM 2 □ F	89	YRS.	PHTHS DA		HOURS			L1 23,			w York
9a. FACILITY NAME (If not in					b. CITY, TO				EATH			TY OF DE	
Bethesda R	etirem	ent & Nu	rsing Ce	nten	Che	vy	Cha	se			Moi	ntgor	nery
Maryland	Mon	tgomery		10c. CITY, T	own or Li Chevy								10d. INSIDE CITY LIMITS? 1X YES 2 NO
10e. STREET AND NUMBER						101.	ZIP CODE	E			10g. CITIZ		HAT COUNTRY?
5480 Wiscon	sin Av	e., #122	2			20	0815					USA	
11. MARITAL STATUS		12. WAS DECEDER	TEVER IN U.S. ARI	MED						? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 XX 3 Widowed 4 Divo			MAR OR DATES	•			2 X NO		in, Puarto R ly:	ircen, etc.)		Specify	r
	EDENT'S EDU	CATION	ten DE	CEDENT'S US	HAL OCCU	DATIO	N		1 405	KIND OF BU	CINIECO (INIE)	HOTOV	White
(Specify onl	y highest grade	completed)	(G/	ve kind of worl Do NOT use n	k done durin			ng	100.	KIND OF BO	SINESS/IND	USTRY	
Elementary/Secondary (0	F-12)	College (1-4 or 5		Direc	rtor	of	Tmm	iora	tion	Gove	rnmer	nt	
17. FATHER'S NAME (First, M	liddle, Last)		рерт	DITE						fiddle, Malden			
196. INFORMANT'S NAME (Type/Print) Eleanor B. Baron 19b. Mailing ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5480 Wisconsin Avenue, #1222, Chevy Chase, MD 20815													
20sr/METHOD OF DISPOSITION 1 1 Surial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State													
4□ Donation 5□ Other (Specify) Washington Hebrew Cong. Mem.Pk. Washington D.C.													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPELS, INC.													
DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 Rockville Pike: Rockville, Md. 20852													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate													
shock, or heert feilure. List only one ceuse on each iine. IMMEDIATE CAUSE (Finel Onset and Death													
disease or condition resulting in death)	→	P	reumo	Mic									24/8/5
İ		DUE TO	LOD AS A CONSE	MIENCE OF		1	_		· ,				2
Sequentially list condit	ions,	b	O (OR AS A CONSEC S O P H	agi	eas	1_	Re	06	/UX				3415
if any, leading to imme cause. Enter UNDERLY	diete	Total Res	SONL	CO CL	on!	/	5	nn	1 21				13 vrs
CAUSE (Disease or injuthat initiated events		C. DUE TO	OR AS A CONSE	UENCE (F):				as	7 / / /				1-
resulting in deeth) LAS	т	a 7-	Parkin	7 50	11	15	m						7-10 yrs
PART II. Other significa	ant condition	a contribution t	a death but not		the under	di da a		aluen la	Dort I	24s, WAS AN	LAIPPORTY	Laus	WERT AIRPORT ENIDAIOS
		65cler	2 4			-				PERFO		240.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
- AT	1		11101	ere	110	VCE	362	iai	-	1 TYES	NO		OF DEATH?
	HEX								- 1				1 YES 2 NO
25. WAS CASE REFERRED T		100				26. PL	ACE OF D	DEATH (C)	heck only on	ia)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA 4	THER:			· · · ·	6 🗆 Othe				
27. MANNER OF DEATH		28a. DATE O		26b. TIME (OF 28		URY AT		T	CRIBE HOW	INJURY OC	CURED	
1 Neturel 5 2 Accident	Pending investigation	, , , , , , , , , , , , , , , , , , , ,	- 3. 11-7	1172			'ES 2 [NO					
3 Sulcide s	Could not be	28e. PLACE building	OF INJURY — At ho , atc. (Specify)	me, farm, str	eet, factory,	office			28f. LOC City	ATION (Street or Town, State	and Number	or Rural R	oute Number,
4 Homicide	determined								1				
(Check only													
296. SIGNATURE AND TITLE	OF CERTIFIE	R AC	print	har	m	1	29c. LIC	ENSE NU					(Month, Day, Year)
30. NAME AND ADDRESS C	F PERSON WI	10 COMPLETED CA	USE OF DEATH (ITE	M 27) (Type, P	rint)	V	1	77	21		1 40		
Lawrence S				lester	n Ave	nu	e, N	I.W.	; Was	hingt	on, D	.C.	
11. DATE FILED (Month, Day	·90		har's signature	-Randa	22.					4(1)			
		- ()											

nsit permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Surs after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	hosp	tache		Ce.
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STATE OF	MARYLAND / DEPARTMENT		MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.
			a transmitted

	1 - FOR STATE OF MA	ARYLAND / DEPARTM CERTIFIC			NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) SEFFREY PATRI	ck Bo	6- AN		OATE OF DEATH DAY	YEAR GO	3. TIME OF DEATH / 9:/ 0	м	
	365-92-0059 1 ☑ M 2 □ F		UNDER 1 YEAR DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	Country	PLACE (State or Foreign) nigan	gn	
TOR	9a. FACILITY NAME (If not institution, give stript and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	10a, STATE 10b. COUNTY MONTGOME		OWN OR LOCATI	on SBURG	/		10d, INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	16 & 0 4 KIMBERL)	1 GROVE	A 101.	Z 0 8 78	'	nited			
BY FUR	11. MARIYAL STATUS 1		if yes, spe	ENDENT OF HISPANIC Of City Cuban, Maxican, Po 2 X NO Specify:	ORIGIN? (Specify Yea or Nuerto Ricen, etc.)	o— 14. RACE Black Specifi	- American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use no Student	k done during mos		16b. KINO OF BUSINES High Scho				
COMP	17. FATHER'S NAME (First, Middle, Lest) John Patrick Bogan			16. MOTHER'S NAME (First, Middle, Malden Sums	ame)			
TO BE	190. INFORMANT'S NAME (Type/Print) John P. Bogan	19b. MAILING AD	DORESS (Street a) Kimberl	nd Number or Burel Boute	Number, City or Town, Sta d. Gaithers	sburg,	MD 20878		
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Gate of Heaven 20c. LOCATION - Content of Con								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME AN	D ADDRESS OF FACILITY Gai	DeVol Fur O East Deer thersburg,	neral H r Park Maryla	ome Drive nd 20877		
	23. PART (. Enter the diseases, or complications that shock, or heart feilure. List only one caus IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (0	caused the dash. Do not on each lina. SHO THE CONSCIUENCE OF):				ry arreat,	Approximate interval Bett Onset and E	ween Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 10								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY? HOSPITAL:		26. PL	ACE OF DEATH (Check	only one)			_	
BY	1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Homa 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined determined a determined contact of the country of the c								
COMPLETED	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of remaining the control of the best of examiner.	ny knowledge, death occurred	at the time, date		the cause(a) and menner) and menner as stat	led.	
TO BE C	200. SIGNATURE AND TITLE OF CERTIFIER	ughthe	D	29c. LICENSE NUMBE	9 9 29 P	d. DATE SIGNED	(Month, Day, Year) 30/90		
	TRANSCASS OF PERSON WHO COMPLETED CAUSE	8200 W	ISCOLL	SIN AVE	BeTHE	54/1	18 508	14	
	31. DATE FILED (MONTH, Day, Your) 32. REGISTRAF	and on Randole						"	



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31. DATE FILED (MONTO, Day, Year)

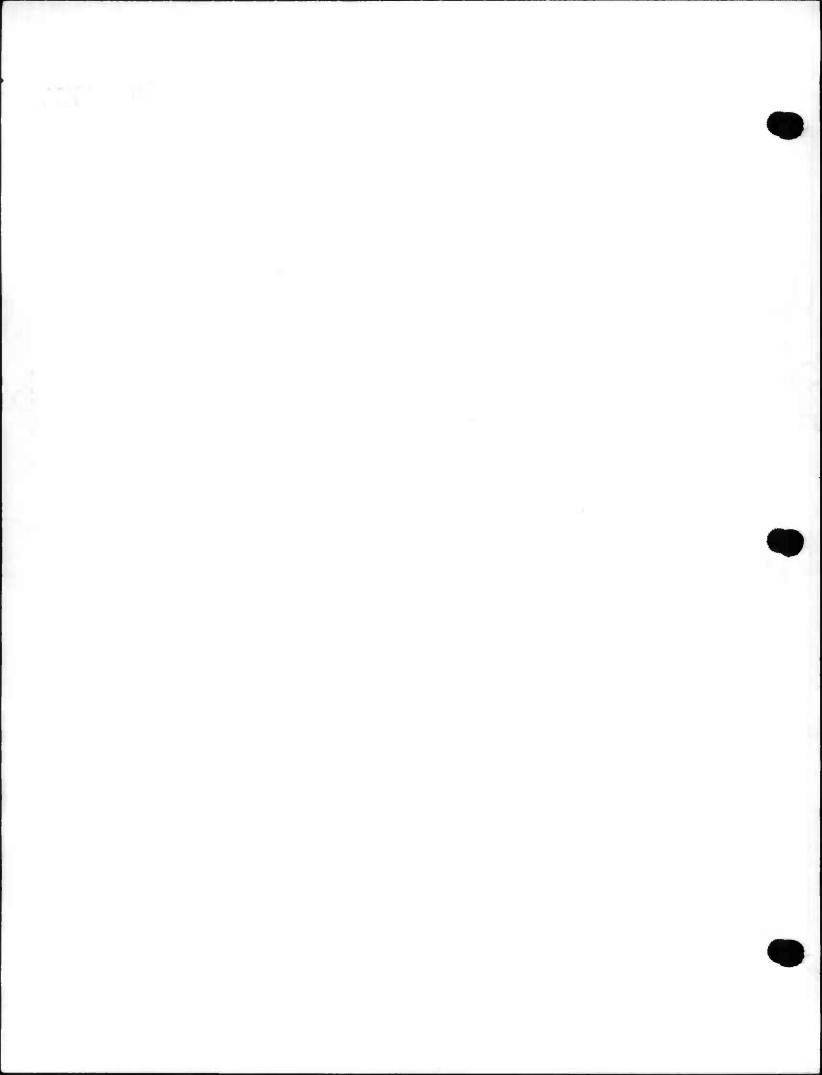
mit. Pages 1, 2, 3 should

	2
	must
-	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical
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	FOR 1 - STATE REGISTRAR	STATE OF MAR			MENT OF CATE OF		MENTAL HYGIEN REG. NO.	E 9	0 31764	
	1. DECEDENT'S NAME (First, Middle, Last) Lionel		Leroy		Boxl	ey	2. DATE OF DEATH BY 10-30-90	YE YE	3. TIME OF DEATH 11:00AM M	
	577-06-5772	1 📉 M 2 🗆 F	AGE (In yrs. lest		MONTHS DAYS MOSIDS MIN (Month			n. DATE OF BIRTH (Month, Day, Year) 12-21-67 8. BIRTHPLACE (Country) Wash		
OR	90. FACILITY NAME (If not Institution, give stre Prince Georges Ge		pital			or location of bi	EATH	Prince	of DEATH e Georges Co.	
DIRECTOR	10e. STATE 10b. COUNTY				TOWN OR LOCA	ton, DC			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO	
	10e. STREET AND NUMBER					of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
Y FUNERAL	30 Channing Street, NE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 SNO IF YES, GIVE WAR OR DATE			MED O	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		SA RACE — American Indien, Black, White, etc. Specify: Black	
red BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade co	LTION ompleted)	(G)	ve kind of w	ISUAL OCCUPAT		16b. KIND OF BU	SINESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	He.	Pacl		Sorter	· U	PS		
	17. FATHER'S NAME (First, Middle, Last) Charles Boxley	,					ME (First, Middle, Meiden rgia Mae		er	
O BE	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural	Route Number, City or Tow	n, State, Zip Cod	de)	
	20m; METHOD OF DISPOSITION									
Marie 2 Cremetion 3 Removal from State Md National Mem. Park Lau 21, Signature Funeral Service Licensee 22, Name and Address of Facility							aurel	, MD		
	George L	. Dus	und	en	SNC	WDEN FU	NERAL HO MD 2085	ME, P 0	.A.	
	23. PART I. Enter the deceases, or co shock, or evert fellure. Li IMMEDIATE CAUSE (Final disease or condition		on each line			ode of dying, suc	ch as cardiec or reap	iratory erreat	Approximats Interval Between Onset and Death	
	resulting in death) e.		DR AS A CONSEQUENCE OF):							
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEC	DUENCE OF):					
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE OF):					
L C	PART II. Other significant conditions	contributing to de	ath but not r	esulting is	n the underly	ng csuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICA							XX YES	2 NO	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL				PLACE OF DEATH (C)	heck only one)			
IYSI	XXXVES 2 □ NO 27. MANNER OF DEATH	3/Outpatient 3	DOA 28b. TIME		me 5 Residence	6 ☐ Other (Specify) 28d. DESCRIBE HOW	IN HIRV OCCUR	DED		
	1 Natural 5 Pending 2 Accident Investigation	0	10:	30PM 1	YES 2 XXIVO	Subject		NEO .		
6	3 Suicide 6 Could not be	28e. PLACE OF IP building, atc.	. (Specify)		F	arking lo		adensb	urg Rd.Colmar	
TED BY	stomicide determined					7	Vanor Dran	00 /00	The second second	
	29e. CERTIFIER 1 CERTIFYING PHYSIC	BAN: To the best of my	knowledge, de	ath occurre	d at the time, do	te and place, and du	to the cause(s) and me time, date and place, a	inner as stated,	rges Co.MD	
TO BE COMPLETED BY	29e. CERTIFIER 1 CERTIFYING PHYSIC	HAN: To the best of my	knowledge, de	ath occurre	d at the time, di	death occured at the 29c. LICENSE NU	e time, date and place, a	29d. DATE S	rges Co.MD seuse(e) and menner se stated. IGNED (Month, Dey, Year) 10-31-90	

32. REGISTRAR'S SIGNATURE
Juna Davidson-Randell

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-316	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rouns after death. Page 6 may be retained by the hospital or attend manner of the continuous of the cont	HE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the market Pages 1, 2, 3 should	th the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	WPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the atten-	be filed within 72 hours after death with the State Dept, of Health and Mental I	IMPORTANT: If item 28 is marked, or item 23 shows any injury, o

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR			C	ERTIFIC	CATE	OF DEATH		REG. NO					
1. DECEDENT'S NAME (First	, Middle, Last)							ATE OF DEATH	AY	YEAR	3. TIME O	F DEATH	
	C	Charles	Joseph	Baue	er			vember			3:11	P	M
4. SOCIAL SECURITY NUME	BER !	5. SEX	6. AGE (In yrs. Is	nst birthday)	F UNDER 1 YE		- /4/	ATE OF BIRTH fonth, Day, Year)		8. BIRTH Count	IPLACE (Sta	te or Foreig	n
292-01-5622	·	1 X M 2 🗆 F	85	YRS.	ONTHS DA	YS HOURS MIN		t. 12,	1905				
9a. FACILITY NAME (If not in		et and number)			b. CITY, TO	WN OR LOCATION OF				JNTY OF D			
12109 Littl		Drive			Poto	omac			Moi	ntgon	nery		
10e. STATE	10b. COUNTY			10c. CITY,	TOWN OR L	OCATION					10d, INSID	E CITY	
Maryland	Monte	gomery		Poto	mac							2 X NO	,
10e. STREET AND NUMBER		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				101. ZIP CODE			10g. CI1	TIZEN OF	WHAT COUN	ITRY?	
12109 Littl	e Creek	Drive				2	0854		Un	ited	State	es	
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. A	RMED		DECENDENT OF HIS			a or No-	14. RAC	E — America	an Indian,	
1 Never Married 2 3 Widowed 4 Dive		FORCES? 1 (IF YES, GIVE W		(NO		e, specify Cuban, Mei YES 2 XNO Sp		orto Rican, etc.)		Spec		1.	
	EDENT'S EDUCA			ECEDENT'S U				16b. KIND OF BU	SINESS/IN	DUSTRY			
(Specify online) Elementary/Secondary (1)	ly highest grade od 0-12)	College (1-4 or 5+)	- 0	Give kind of wo le. Do NOT use	rk done durin retired.)	g most of working							
		2		riter				Newspa	per				
17. FATHER'S NAME (First, N	fiddle, Last)					18. MOTHER'S	NAME (FI	irst, Middle, Maidei					
Joseph Baue	er					Alice	Noo	nan					
19a. INFORMANT'S NAME (1	19b. MAILING A	DDRESS (St	reet and Number or Ru			vn, State, Z	ip Code)			
Carol B. Sh	nattuck		l l	L2109 I	ittle	e Creek D	rive	. Poton	ac,	MD 20	0854		
20s. METHOD OF DISPOSIT	ION		20b. PLAC	E OF DISPOSIT		of cametery, crematory					own, State		
1 ☐ Buriel 2 ☐X Crematic 4 ☐ Donation 5 ☐ Other		al from State	Subur	rban Cı	remato	orv		Sil	ver	Spri	ng, M	arvl	and
21. SIGNATURE OF FUNERA		NSEE	/		22. NAN	AE AND ADDRESS OF	FACILITY	1		-	0,		_
	-11.	001				pp Funera							_
1. 24	cu-	B. Cla				3 Gist Av							
23. PART I. Enter the d ahock, or h		emplications that ist only one caus			t enter the	mode of dying, a	auch aa	cardiac or rea	piratory a	rreat,		proximate erval Betw	
IMMEDIATE CAUSE (FI											One	set and D	eath
resulting in death)	→ a.	Car DUE TO	diaca	rest									
Sequentially list condi-	lone b.	Met	astah	C	pros	tate can	cer				1	year	2
if any, leading to imme	diete	DUE TO (OR AS A CONS	EOUENCE OF)							i		
cause. Enter UNDERLY CAUSE (Disease or Injury)													
that initiated events resulting in death) LAS	eT.	DUE TO	OR AS A CONS	EOUENCE OF)							i		
resulting in deathly CAS	" d.		_								- i -		
PART II. Other algnific	ent conditione	contributing to	deeth but no	t reculting in	the under	rlying couse given	In Part	I. 24a. WAS A	N AUTOPSY	/ 24	b. WERE AUT	TOPSY FIND	INGS
								1000	RMED?	_		E PRIOR TO	
								1 TYES	2 2-110		OF DEATH		
											1 (AES	2 NO	
											1		_
25. WAS CASE REFERRED 'EXAMINER?		HOSPITAL:			OTHER:	26. PLACE OF DEATH					1		
1 TES 2X NO		1 Inpetient 2 I			_	Home 5 Healder							
27. MANNER OF DEATH 1)(X)N=turni 5	Pending	28a. DATE OF (Month, De		28b. TIME INJU	RY	c. INJURY AT WORK?		. DESCRIBE HOW	INJURY O	CCURED			
2 Accident	Investigation					YES 2 NO						1	
3 Suicide 8 Homicide	Could not be detarmined		F INJURY — At etc. (Specify)	home, farm, st	reet, factory,	offica	281.	City or Town, Stat	t and Numb e)	er or Flural	Floute Numb	IMC	
CONTROL OTHY	TIFYING PHYSIC	IAN: To the best of	my knowledge,	death occurred	at the Ilme	, data and place, and	dua to the	e cause(s) and m	anner as s	tated.			
one) 2 MEI	DICAL EXAMINER	: On the besis of ex	camination and/	or investigation	, in my opin	ion, death occured at	the time,	data and place,	and due lo	the cause	(a) and man	ner as stat	ed.
296. SIGNATURE AND TITL	E OF CERTIFIER					29c. LICENSE	NUMBER		29d. D/	ATE SIGNE	D (Month, De	ny, Year)	
100 to 5	33 41	ellere	MD			01742	23		•	11/4	1/90		
30. NAME AND ADDRESS (OF PERSON WHO	COMPLETED CAUS	BE OF DEATH (I	TEM 27) (Type,	Print)	1. / 5			1	1	170		_
						6 St c.	. 115	o soo	NA	MA	200	910	
Debengh 31. DATE FILED (MOOT) DA	Mar) ac -	32. REGISTRA	R'S SIGNATURE	UW - 1-	N//V	1 3/	LVC	K OFIL	0	110	<i>y.</i> —	, -	
NEW C	15 '90	dist:	Maria.	. 00									

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in the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	를
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AAnlell A ()								2. DATE OF I	DAY	YE	AR .	TIME OF DEATH
Matthew B	rown							11	5	90) 6	2:09
1. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	7 YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 NRS, MIN.	7. DATE OF E (Month, De	(Mac)	2 0	Country)	NCE (State or For
Do. FACILITY NAME (If not institution, give s		6	/ THS.	ah OUTV	TOWN	R LOCATIO			6-2	_		LAND
Mercy Hospit	S Humber)							AIH	90	COUNTY	OF DEATH	н
RESIDENCE OF DECEDENT				BA.	r I T I	MORE						
00. STATE 10b. COUNT				Y, TOWN O							100	I. INSIDE CITY
	E ARUNI	DEL	AN	NAP								YES 2
00. STREET AND NUMBER						ZIP CODE			10			T COUNTRY?
1337 TYLER AVE					-	1403					5 . A .	
1. MARITAL STATUS Never Merried 2 Merried	FORCES?	NT EVER IN U.S. A		1	If yes, spe	cify Cube	n, Mexice	IC ORIGIN? (S		14.	RACE — . Black, Wi	American Indies hite, atc.
☐ Widowed 4X Divorced	100	WAR OR OATES		1	1 TYES	2 X NO	Specify	:			Specify:	ACV
15. DECEDENT'S EDU	CATION	16e. D	ECEDENT'S					16b. KIN	D OF BUSINE	SS/INDUST		ACK
(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5	- 4	'Give kind of v fe. Do NOT us	vork done d se retired.)	auring mos	st of workin	g					
	- V2		CAR	PEN	TER							
7. FATHER'S NAME (First, Middle, Last)								ME (First, Middl				
MATTHEW BROW	N							HINE				
De. INFORMANT'S NAME (Type/Print)		1						Route Number, C				
MARY B. WELLS			1337					NNAPO				
0e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem	oval from State	other	E OF DISPOS place)						20c. LOCATI			
Donetion 6 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE	_ MAKI	LAND	-		AN C		· CILITY8 2 1	WEST	WNSV ST,		
Janny E	1 Rec	se						S MOR		L	MD.	124281
23. PART I. Enter the diseases, or	complications th	at covead tha	leath. Do r						_			Approxima
shock, or heart feilure. IMMEDIATE CAUSE (Final	Liet only one ca	use on each lir	10.									Interval Ba Onsat snd
disesse or condition	. Sep	Sis										
eaditing in deatily	-		EOUENCE O	F):	-	, (717					
Seminatelly list appointment		grenou	St	001	- (Let	4)					
Sequantielly list conditions, f sny, lasding to immadista	ODUBIN	OR AS A CONS	EQUENCE OF	F):	01/1	~	dic	ease				
cause. Enter UNDERLYING CAUSE (Disease or Injury	C PUET	OR AS A CONS	& V	U > C	ulu	1 6	210	luse	•			
that initiated events resulting in death) LAST	OUE IC	F (OR AS A CONS	EGUENCE O	r);								
	d											
PART II. Other algolificant condition	na contributing to	daeth but not	resulting	In the un	derlylng	cause g	given in	Part I. 24	. WAS AN AUT			RE AUTOPSY FIR
Cardiovascula	r ath	eroscit	rope	_ !	Dist	ase	,	1(YES 2		CO	MPLETION OF C
Cerebrovascu	ar d	isease	_			+ +		_				YES 2 N
										_		
5. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only one)				
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER		• 5 □ Re	sidence	6 Other (Sp	ecify)			
1 125 2	26e. DATE O		28b. TIM	E OF	26c. INJ	URY AT		28d. DESCRI	BE HOW INJU	RY OCCUR	ED	
7. MANNER OF DEATH	(Month,	Day, rear)	1147									
7. MANNER OF DEATH 1. Natural 6 Pending 2 Accident Investigation		Day, rear)	line.	М		/ES 2 [NO					

3 REGISTAR'S SIGNATURE HOLDE

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LAND 21203-3146	y the hospital or attending physician	; certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-trimit permit. Pages 1, 2, 3 should the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	if once.
6, BALTIMORE, MARYLAND 21203-3146	within 24mours after death. Page 6 may be retained b	npletely filled in by the funeral director, page 5 should t cremation, or removal.	vent, the medical examiner must be notified a
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending present	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f he find within 72 hours after health with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

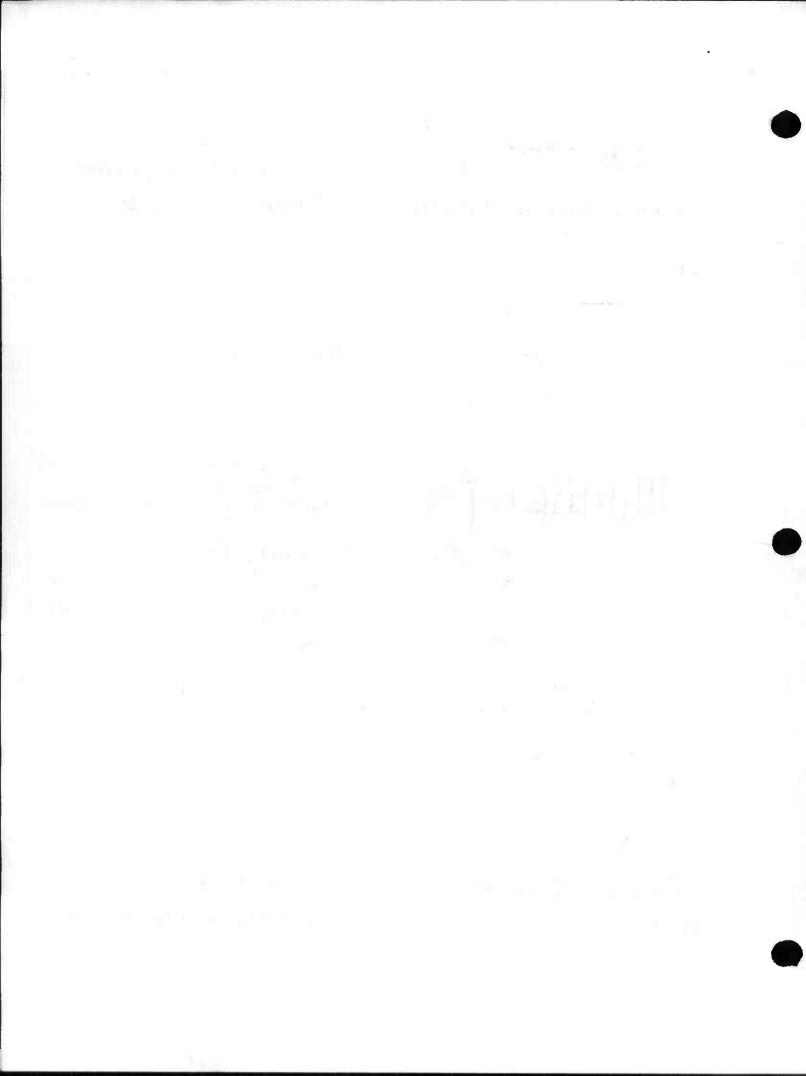
	1 - REGISTRAR		CERT	TIFICA	TE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	L. BOOTH	IIr				2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
			In yrs. last birti		NDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF E		90	HPLACE (State or Foreign
	214-18-6168 1	M 2 □ F 77		RS. MONT	THS DAYS	HOURS MIN.	(Month, De	25 13	VI]	RGINIA
NB	98. FACILITY NAME (If not institution, give street ANNE ARUNDEL ME		NTER	9b.		POLIS	EATH		NNE A	ARUNDEL
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100	- CITY TO	WN OR LOCA	FION				10d. INSIDE CITY
DIRECTOR		ARUNDEL			APOL					LIMITS? 1 YES 2 NO
FUNERAL	1918 MONROE ST	REET			10	2140	3	10g. (U.S	WHAT COUNTRY?
B	11. MARITAL STATUS 12 1 Never Married 2 KMarried 3 Widowed 4 Divorced	FORCES? TY YES, OIVE WAR OR DE 1944-1946	2 NO		If yes, specify Cuben, Maxican, Puario Rican, atc.) □ YES 2/ NO Specify: Specify:					E — American Indian, k, White, atc. #/y: LACK
	15. DECEDENT'S EDUCATI (Specify only highest grade com-	ION moleculary	16a. DECEDI	ENT'S USU	L OCCUPATI	ON set of working	16b. KIN	OF BUSINESS	INDUSTRY	
COMPLETED		college (1-4 or 5+)	life. Do f	USTO	red.)	at or working	WATI	ERGATE	APTS	s.
No.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Midd	le, Maiden Surnam	e)	
BE C	JAMES L. BOOTH S	r.				PAULI	NE CO	ATES		
5	19a. INFORMANT'S NAME (Type/Print) EMMA LOGAN					end Number or Rural				1403
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2X□X□remation 3 ☐ Removal 4 ☐ Donation 6 ☐ Other (Specify)		other piece) METR		EMATO	metery, crematory or		BALTI	MORE	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			22. NAME A	ND ADDRESS OF F	ACILITY 82	WEST	ST.	ANNAPOLIS MD. 21401
	Jarry H.	Reese				E & SON				
	23. PART I. Enter the diseases, or com- shock, or heart fellure. List			. Do not a	ntar tha m	oda of dying, su	ch ss cerdiac	or respiratory	srrest,	Approximate interval Batween Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Canato pu	mohu A CONSEQUEN	ry A	RREST					Oliset situ bestii
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST SEPSIS DUE TO (OR AS A CONSEQUENCE OF): C. PERIPHERAL VASCULAR DISEASE OUE TO (OR AS A CONSEQUENCE OF): d.									
	PART ii. Other significent conditions of		but not resu	iting in th	e underlyli	g cause given in	n Part i. 24	a. WAS AN AUTOP PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Metabolic Acid	Bosis					1	□ YES 2 S NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž										
PHYSICIAN:		OSPITAL:			HER:	LACE OF DEATH (C				
4₹	27. MANNER OF DEATH	☐ Inpetiant 2 ☐ ER/Out 26a. DATE OF INJURY		b. TIME OF		ne 5 - Residence	-	BE HOW INJURY	OCCURED	
ВУ РІ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY		YES 2 NO		1200-1-000		
COMPLETED 6	3 Suicide 6 Could not be determined	farm, stree	i, factory, offi	ce		ON (Street and Nur own, State)	mber or Rural	Route Number,		
님	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my kno	wledge, death	occurred at	the time, dat	a and place, and du	is to the cause(a) and menner as	atated.	
MO	one) 2 MEDICAL EXAMINER: 0	On the basis of examinati	on and/or Inve	stigation, in	my opinion,	death occured at th	ne time, data an	d place, and dua	to the cause	(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	they, is	D			29c. LICENSE NI		29d.		D (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO O							0 - /		
	MARK S. TETER, M.D. 31. DATE FILED (MONTH, Day, Year)	1655 CROF	TON BIVE	4., Du	rte 20	1, CROTI	TON, MI	21114		
	NOV 0 5 1990 Julia	AZ REDISTRAPT SIG	A ELO							

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last, PEVVI B	Perry Fran	ncis Balo	dwin	2. DATE OF DEATH MONTH DA	1990	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 213-54-7374	5. SEX 6. AGE (in y	YRS. lest birthday) IF UNI YRS.	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH 1 (Miprith, Day, Year) 1 () - 2 () - 1 ()	Cou	THPLACE (State or Foreign ritry) IFYIand			
ron	90. FACILITY NAME (If not institution, give South was May Residence of Decedent	street and number)	pital 96.0	TY, TOWN OR LOCATION OF D	EATH OV	9c. COUNTY OF	G.			
DIRECTOR	10a. STATE 10b. COUN	nce Georges	10c. CITY, TOW	N OR LOCATION Keek			10d. INSIDE CITY LIMITS? 1 YES 2 YNO			
FUNERAL	10, STREET AND NUMBER 425 Farmington	Road West		101. ZIP CODE 20607,		10g. CITIZEN OF	WHAT COUNTRY?			
ВУ	11. MARITAL STATUS SINGLE 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? (XXYES IF YES, GIVE WAR OR DATE 1970-71	2 NO		IT OF HISPANIC ORIGIN? (Specify Yea or No — Bleck, White, a Bleck, White, a Specify: White it e					
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION tic completed) College (1-4 or 5+)	Give kind of work do life. Do NOT use retire Postal/	occupation ne during most of working dPolice Officer	US PC					
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles E. Ba	ldwin		16. MOTNER'S NA Kath	AME (First, Middle, Malden erine A.	Thomps	on			
10	Johnnie C. Ch		15916 L	ESS (Street and Number or Rural Livingston (Name of cometery, crematory or	Rd., Acco					
	1 N Burlel 2 Cremetton 3 Re 4 Densition 5 Other (Specify)	moval from Stata	nrist Epi	scoapl Cem	etery Acc eral Home	okeek,				
CAL CERTIFICATION	23. PART I. Enter the diseases, of shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	DUE-TO (OF AS A C	ONSEQUENCE OF:	Pulmono Failure Carii Pn.	ary Arr	rest	Approximate Interval Between Onset and Death 2 /2 /2 /4 /5 3 /2 /4 /5 - Pyrs			
MEDICAL	PART II. Other algorificent condition Early Machiner	per contributing to death but Reval Failu Fri Fim WIY		proteinemi	PERFOR	AN AUTOPSY FROMEO? S 2 NO S 2				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	lent 3 DOA 4	26. PLACE OF DEATN (C IER: Nursing Nome 5 Residence						
BY PHY	27. MANNER OF DEATN 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW	NJURY OCCURED				
	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, atreet,	factory, offica	281, LOCATION (Street City or Town, State)		al Route Number,			
COMPLETED	(Check only	SICIAN: To the best of my knowled	_				e(a) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIF	arom, MD		29c. LICENSE NU DU 2 2	MBER 237 Md	29d. DATE SIGN	BP (Month, Day, Year)			
1 2	30. NAME AND ADDRESS OF PERSON V	vho completed cause of deat	/	FortRI F	t. Wash,	md =	20744			
	31. DATE FILES (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE Products							

Lulia Savidson-Randell



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIFIC	CATE OF	DEATH	REG	. NO.		
1. DECEOENT'B NAME (First, Middle, Last)					2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH
ARINTHA V.	BRADSHAV	N			11	4	90	5:10 P
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н	8. BIRTI	IPLACE (State or Foreign
213-60-9694	1 M 2 QF 8	30 YAS. 1	MONTHS DAYS	HOURS MIN.	(Month, Day, W			rvland
9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DE			NTY OF D	
ALICE BYRD TAWES	NURSTNO HOME	-	Cris	field, MD		S	omer	set.
RESIDENCE OF DECEDENT	NONSING HOME		CIIS	ricia, in			Olici	500
10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA					10d. INSIDE CITY
Maryland	Somerset		Crisf	ield, MD				1 X YES 2 NO
10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CIT	IZEN OF	WNAT COUNTRY?
319 Somers Cove	Apts.			21817			U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT EVER I			CENDENT OF HISPAN			14. RAC	E — American Indian,
1 Never Merried 2 Merried	FORCES? 1 YES			pecify Cuban, Mexice S 2 🔯 NO Specify		(c.)	Spec	k, White, etc.
3 🔀 Widowed 4 🗌 Divorced				34.				White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPAT		18b. KIND C	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)					
Grade 6		Housewi	ife		_			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, N	telden Surname)		
Edward A. Evans				Addi	e Evans			
19e. INFORMANT'S NAME (Type/Print)				and Number or Rural			ip Code)	
Edward Bradshaw		P. O.	Box 53	1 - North	Beach,	MD 20	714	
20a. METHOD OF DISPOSITION 11.	-07-90 201	b. PLACE OF DISPOSI	TION (Name of c	emetery, cremetory or	21	oc. LOCATION -	- City or To	own, State
4 Donation 5 Other (Specify)	S S	Sunnyridge	Memor:	ial Park		Crisfic	eld,	MD
21. SIGNATURE OF TUNEBAL SERVICE LI	CENSEE	0 1		AND ADDRESS OF FA				
· //+2/	Manalak	lh		shaw & Sc				01015
23. PART i. Enter the diseases, or	pracein	and j-		W. Main S				
	List only one cause on a					respiratory a	rrest,	Approximate interval Between
IMMEDIATE CAUSE (Final	c 11	1,/		Acaa	14			Onset and De
disease or condition	a. Orleno	Vasca		Hoaa	en			2/4/
	DUE TO (OR AS	A CONSEQUENCE OF):					
Sequentially list conditions,								
	b							
If eny, leading to immediate	DUE TO (OR AS .	A CONSEQUENCE OF):					
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury	c							
If eny, leading to immediate cause, Enter UNDERLYING	c	A CONSEQUENCE OF						
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c							
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. OUE TO (OR AS A	A CONSEQUENCE OF):	ng ceuse given in	Part i. 24a. W	AS AN AUTOPS	7 24	b. WERE AUTOPSY FINDIN
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. OUE TO (OR AS A	A CONSEQUENCE OF):	ng ceuse given in	P	ERFORMED?	7 24	AMILABLE PRIOR TO COMPLETION OF CAUSE
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. OUE TO (OR AS A	A CONSEQUENCE OF):	ng ceuse given in	P		7 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. OUE TO (OR AS A	A CONSEQUENCE OF):	ng ceuse given in	P	ERFORMED?	7 24	AMILABLE PRIOR TO COMPLETION OF CAUSE
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	e. OUE TO (OR AS A	A CONSEQUENCE OF	n tha underfyl		1 _ 1 _ 1	ERFORMED?	(24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	but not resulting in	n the underlyl	BLACE OF OEATH (C/	1 🗆 1	PERFORMED?	7 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO	d	but not resulting in	or the underlyl	PLACE OF OEATH (C)	eck only one) 8 Other (Special	YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ANO 27. MANNER OF DEATH	d	but not resulting in	OTHER: 4 @ Nursing He EOF 28c. II	PLACE OF OEATH (C/ ome 5 ☐ Reeldence NJURY AT VORK?	1 🗆 1	YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	d	but not resulting in	OTHER: 4 E Muraing He E OF 28c. II	PLACE OF OEATH (C) ome 5 Residence NJURY AT YORK? YES 2 NO	eck only one) 8 Other (Speci	YES 2 NO	CCURED	AMILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	d	but not resulting in the state of the state	OTHER: 4 E Muraing He E OF 28c. II	PLACE OF OEATH (C) ome 5 Residence NJURY AT YORK? YES 2 NO	eck only one) 8 Other (Special	YES 2 NO	CCURED	AMILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d	but not resulting in the state of the state	OTHER: 4 E Muraing He E OF 28c. II	PLACE OF OEATH (C) ome 5 Residence NJURY AT YORK? YES 2 NO	eck only one) 8 Other (Special Describe) 281. LOCATION (YES 2 NO	CCURED	AMILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d	but not resulting in the state of the state	OTHER: 4 E Nursing Ho E OF 28c. II	FLACE OF OEATH (C) DOME 5 ☐ Reeldence NURY AT YORK? YES 2 ☐ NO	8 Other (Special Section of Colly or Rown.	YES 2 NO NOW INJURY O	CCURED or or Rural	AMILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ATO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined	d	but not resulting is tipetient 3 DOA 28b. Time injuty Y — At home, farm, si colly)	OTHER: 4 E Nursing He Pursing He Treet, factory, of	PLACE OF OEATH (C/) ome 5 Residence NUMPY AT YORK? YES 2 NO Rice	ack only one) 8 Other (Special 28d, DESCRIBE 28f, LOCATION (City or Rown) to the ceuse(e) e	YES 2 NO NOW INJURY O Street and Numb Street and Numb	CCURED or or Flural lated.	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
If eny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ATO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined	d	but not resulting is tipetient 3 DOA 28b. Time injuty Y — At home, farm, si colly)	OTHER: 4 E Nursing He Pursing He Treet, factory, of	PLACE OF OEATH (C/) ome 5 Residence NUMPY AT YORK? YES 2 NO Rice	eck only one) 8 Other (Special 28d, DESCRIBE 28f, LOCATION (City or Rown) 2 to the ceuse(e) entime, date end pli	Pres 2 NO NO INJURY O Street and Numb , Stete) and menner se at acc, and due to	CCURED or or Flural lated,	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d	but not resulting is tipetient 3 DOA 28b. Time injuty Y — At home, farm, si colly)	OTHER: 4 E Nursing He Pursing He Treet, factory, of	PLACE OF OEATH (CI ome 5 Residence NJURY AT YORK? YES 2 NO Note the end place, end due, death occurred at the	eck only one) 8 Other (Special 28d, DESCRIBE 28f, LOCATION (City or Rown) 2 to the ceuse(e) entime, date end pli	Pres 2 NO NO INJURY O Street and Numb , Stete) and menner se at acc, and due to	CCURED or or Flural lated,	AMALABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO Route Number,
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d	but not resulting in the state of the state	or the underlyl OTHER: 4 Enursing Ho E OF 28c. II URY M 1 Treet, factory, of	PLACE OF OEATH (CI ome 5 Residence NJURY AT YORK? YES 2 NO Note the end place, end due, death occurred at the	eck only one) 8 Other (Special 28d, DESCRIBE 28f, LOCATION (City or Rown) 2 to the ceuse(e) entime, date end pli	Pres 2 NO NO INJURY O Street and Numb , Stete) and menner se at acc, and due to	CCURED or or Flural lated,	AMALABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO Route Number,
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d	but not resulting in the state of the state	OTHER: 4 E Nursing Ho E OF 28c. Il URY M 1 treet, factory, of	PLACE OF OEATH (C) DOM: 5 Reeldence NJURY AT YORK? YES 2 NO Tice Ite end place, end dur, death occured at the	s Other (Special 28d. DESCRIBE 28f. LOCATION (City or Rown) to the ceuse(e) e time, date end plants.	YES 2 NO NO Street and Numb , State) and menner se at sec, and due to	CCURED or or Flural lated,	AMALABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO Route Number,
If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS	but not resulting in the state of the state	OTHER: A LE Muraing He OF Lest. II Treet, factory, off and at the time, de on, in my opinion Print Main	PLACE OF OEATH (CI ome 5 Residence NJURY AT YORK? YES 2 NO Note the end place, end due, death occurred at the	s Other (Special 28d. DESCRIBE 28f. LOCATION (City or Rown) to the ceuse(e) e time, date end plants.	YES 2 NO NO Street and Numb , State) and menner se at sec, and due to	or or Flural infed. the couse	AMALABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO Route Number,

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		- OL	-11111	ICAIL	. 01	DEA	111	Mi	EG. NO.				
1. DECEDENT'S NAME (First, Mich.) FREDA ECKAR		ETN						2. DATE OF D MONTH NOVEMBI	DAY	199	YEAR	time of death 6:07 p	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF BI (Month, Day	RTH	200		ICE (State or Foreign	
295-18-4101 D	295–18–4101 D 1□M2∏F				DAYS	HOURS	MIN.	SEPT.	24, 1	1905		VIRGINIA	
9a. FACILITY NAME (If not institute	on, give street and number)			9b. CITY,	TOWN (R LOCATION	ON OF DE	ATH		9c. COUN	TY OF DEAT	н	
GOLDEN AGE NU	RSING HOME 14	142 BUC	KHOR	N SY	KESV	ILLE				CARR	COLL		
RESIDENCE OF DECED	COUNTY		104 007	Y, TOWN O	B 1004	401					Lan	1. INSIDE CITY	
	ARROLL			TMINS		ION					1 VES 5 THE		
10e. STREET AND NUMBER					10f. ZIP CODE					-	EN OF WHA	COUNTRY?	
3617 LITTLEST				_ 2	1157				USA				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA			2 NO If yes, specify Cuban, Maxican,			n, Puarto Rican, etc.) Blaci Spec			14. RACE — Black, W Specify: CAUCA	Amarican Indien, hits, etc.		
	IT'S EDUCATION			USUAL O			-	16b. KIN(OF BUSI	NESS/INDU		DIAN	
Elementary/Secondary (0-12)	college (1-4 or 5+)	IIIe.	Do NOT us	work done (se retired.)	during mo	st of workir	ng						
7th	1 - 12% - 2%	HOME	MAKE	R				DOM	ESTIC	3			
17. FATHER'S NAME (First, Middle,	Last)					18. MOT	HER'S NA	ME (First, Middle	, Malden S	iumame)			
JOHN S	ELDERS					PEA	RL	1	MILLE	ER			
19a. INFORMANT'S NAME (Type/F	rint)	196	. MAILING	ADDRESS	(Street s	nd Number	or Rural F	Poute Number, C	ity or Town	State, Zip	Code)		
CAROLE STONES	IFER	3	617	LITTI	LEST	OWN	PIKE	WEST	MINST	TER,	MD 21	157	
20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3	□ Barrand Arran Otata	20b. PLACE other pis	OF DISPOS	SITION (Na	me of ce	netery, cren	natory or	I	20c. LOC	ATION — C	City or Town,	Stata	
4 Donatton 8 Other (Spe	city)	TRINI		UTHE	RAN	CEME'	TERY		TANI	TYTOW	N. MD	21787	
21. SIGNATURE OF FUNERAL BE	RVICE LICENSEE					O ADDRE		136 L HOME				E STREET	
Sequantially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	J. Pulle 1040	R AS A CONSECUTIVE AS A		esul	e De	De	teas	20					
	onditions contributing to de	eath but not n	eaulting	in tha un	ideriyin	g cause (given in		WAS AN / PERFORI	MED?	AM CC OF	PRE AUTOPSY FINDING ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO ME					26. P	ACE OF D	EATH (Ch	eck only one)					
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3	□ DOA	OTHER AC Nur		6 8 R	ssidenca	8 🗆 Other (Spi	ecify)				
27. MANNER OF DEATH 1 Natural 5 Pens		JURY Year)	28b. TIM	_	28c. IN.	URY AT PRK? YES 2			SCRIBE HOW INJURY OCCURED				
3 Suicide 8 Coul	building, atc. (S					•		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,	
Torreon orny	NG PHYSICIAN: To the best of m											nd menner as stated.	
29b. SIGNATURE OND TITLE OF	CERTIFIER					29c. LIC	ENSE NUN	REB		29d. DATE	SIGNED (M	orith, Day, Year)	
falleck	V Tunesu	0				D	2080	20			11-8-	90	
30. NAME AND ADDRESS OF PE PATRICK TURNE	RSON WHO COMPLETED CAUSE	Comments.			JITE	209	E10	dersbu	rg, N	Maryl			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE											

offin at

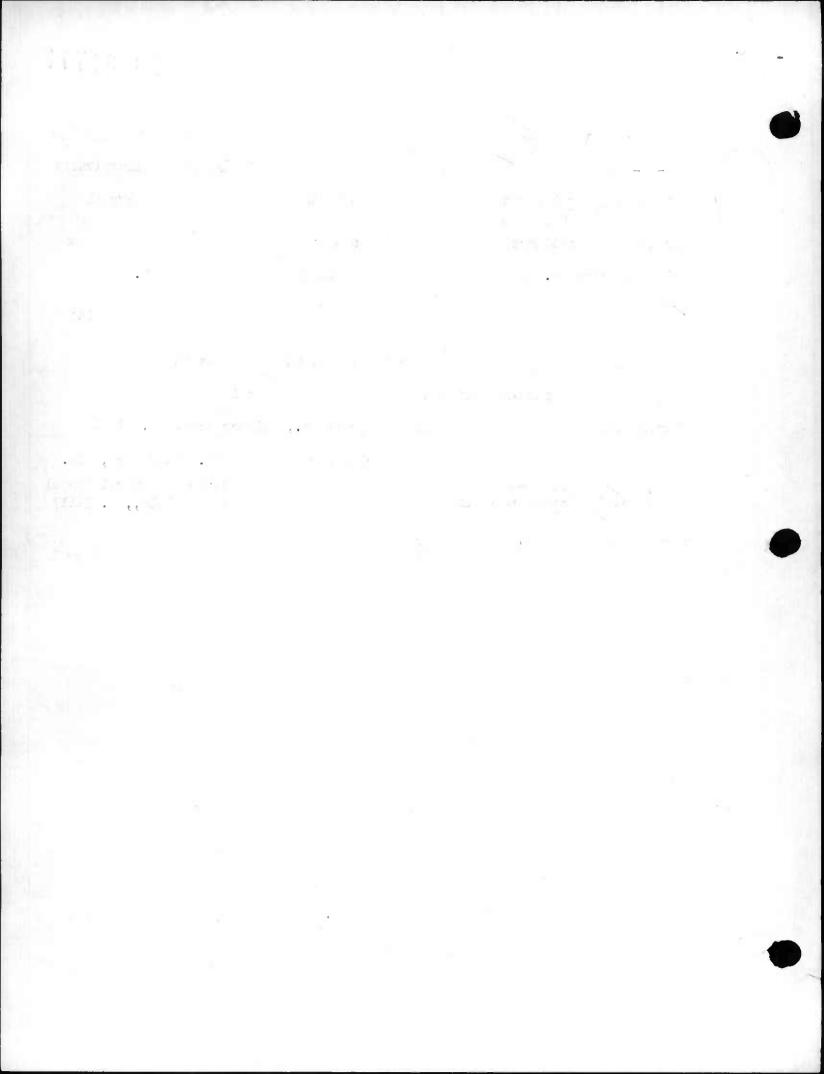
TO BE COMPLETED BY FUNERAL DIRECTOR

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- Sanda	стета	vent,
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AL UNICOLO. Alles and Columnate has been agreed by an according projected and compressly made in by an	72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
Š	ane	her
200	Par s	10
103	le l	0
200	Ment	Iluny
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out of	State	Item Tem
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THE PER	death	em 28 is marke
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT:

1 - STATE REGISTRAR	ST	TATE OF MA				HEALTH AND	MENTA	L HYGIENE			
1. DECEDENT'S NAME (FIRST, A	Aiddle, Last)	C.		Rue			2. DATE MONTO	OF DEATH	2	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBE 180-03-6513	1 🗆	M 2 F	AGE (in yrs. lesi	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7/	of BIRTH 1. Day, Voor) 12/1900		BIRTHPL Country) Penns	ACE (State or Foreign
90. FACILITY NAME (If not inst Westminster	Nursing				Westmi	or Location of Di nster	EATH		9c. COUNT		roll
Maryland	10b. COUNTY Baltim	one			sters					- 1	Od. INSIDE CITY LIMITS? YES 2 T NO
10e. STREET AND NUMBER		010		1,01		21136				N OF WH	AT COUNTRY?
312 Walgr	lerried 12. V	MAS DECEDENT E FORCES? 1 T F YES, GIVE WAR	YES 2 N		If yes, a	CENDENT OF HISPAI pecify Cuben, Mexico S 2 NO Specifi	n, Puerto		or No — 1	4. RACE -	- American indien, White, etc.
(Specify only Elementary/Secondary (0-1	DENT'S EDUCATION highest grade comple (2) Coll	e(ed) lege (1-4 or 5 +)	(Gi	ve kind of work Do NOT use n		ost of working	100	KIND OF BUS		STRY	
11. 17. FATHER'S NAME (First, Mid					ng Ass	ita nt			Sumeme)	_	
19e. INFORMANT'S NAME (Ty)		anos S	weigar		ODRESS (Street	and Number or Flural	Kat:		aver	Porte)	
Karen Wahl	,					re Rd., R					1136
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 4 Donation 5 Other (3 - Removal fo	rom State	T	OF DISPOSITI		emetery, crematory or		20c. LOC	ATION — CI	ty or Town	
21. SIGNATURE OF FUNERAL	SERVICE LICENSE	tt.	le	2.2031		AND ADDRESS OF FA		Eckhar	dt Fu	ne r	al Chapel
23. PART I. Enter the did shock, or he iMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	e	DUE TO (OR	on each ilne	DUENCE OF):			en ea cen	onec or reapir	atory erre	34,	Approximate interval Between Onset and Death
PART II. Other algorificen	t conditions con	ntributing to de	eth but not r	eauiting in	the underlyl	ng ceuse given in	Part i.	24a. WAS AN PERFORI	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		SPITAL:			26. I	PLACE OF DEATH (C	heck only o	ne)			
1 TYES 2 NO		Inpatient 2 - E		DOA 4	Muraing Ho	me 6 Residence	1				
1 Natural 6 P	ending restigation	28a. DATE OF IN. (Month, Day,	Ybar)	26b. TIME (M 1	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW IN	IJURY OCCU	JRED	
	could not be etermined	28e. PLACE OF II building, ato	NJURY — At ho L (Specify)	me, ferm, atre	et, factory, off	ce		CATION (Street e or Town, State)	nd Number o	r Rural Ro	ute Number,
CONSTRUCTION OF THE						te end place, end du					end menner as stated.
296. SIGNATURE AND TITLE	11/10	La				29c. LICENSE NU	MBER 385		29d. DATE		Month, Day, Year)
30. NAME AND ADDRESS OF Norman G 31. DATE FILED (Month, Day, V	o Watern		losk	M 27) (Type, Pr	rine) Hyte	Massa	97	Cas			NO 21107
MON -	100		Kailan	Panda B	2						

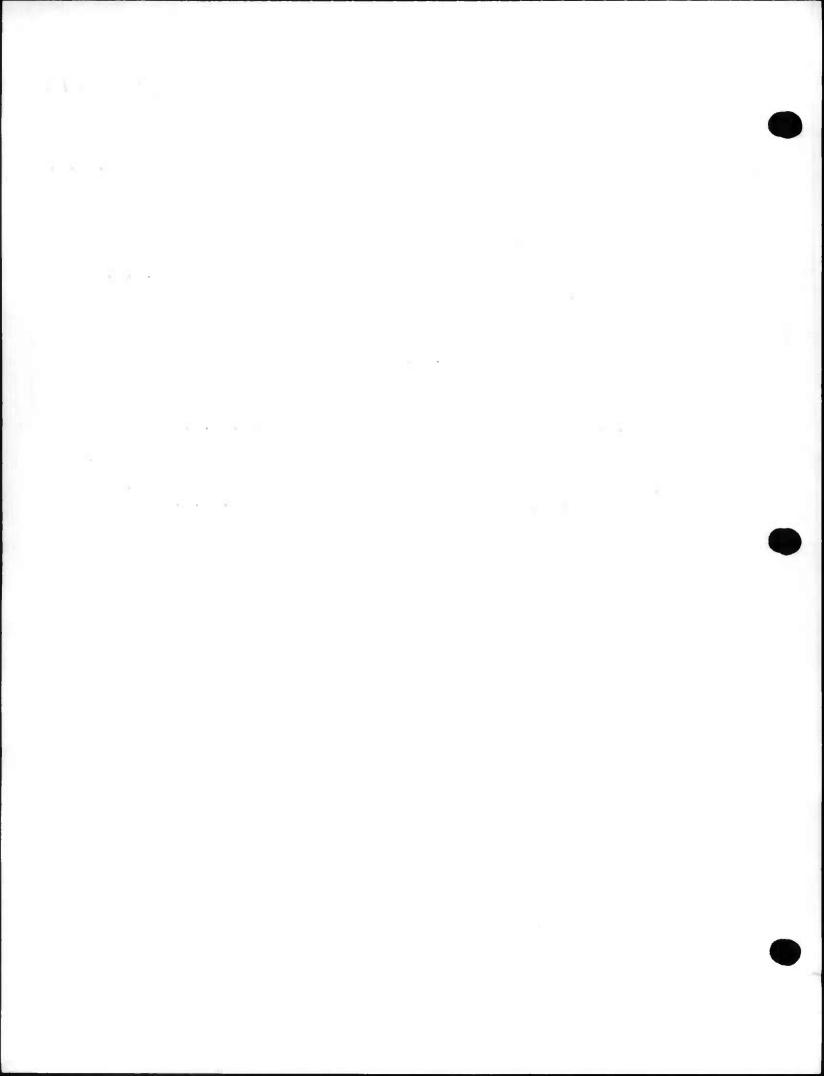


31. DATE FILED (Month, Day, Year) NOV 01

32. REGISTRAR'S SIGNATURE
Julia Davidson

_	1	FOR STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPA CERTIF				1	NTAL HYGIEN	E 9	0 3	31772
	ď	1. DECEDENT'S NAME (First, Middle, Last) Gloria		Dea	ın	В	yrd			MONTH DA			TIME OF DEATH 2:43AM M
1	I	4. SOCIAL BECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday,			IF UNDER 24	HRS. 7.	DATE OF BIRTH		BIRTHPLA Country)	h. D.C.
1	ál.	9a. FACILITY NAME (If not institution, give at	Λ		ins.	Ob CITY	TOWAN C	OR LOCATION			9c. COUNT		
DIRECTOR		Holy Cross Hospi						Spri					v County
1 2	ŀ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c. Cl	TY, TOWN C	OR LOCAT	TION				100	d. INSIDE CITY
			gomery		Si	lver		ring					LIMITS? YES 2 NO
FUNERAL		10e. STREET AND NUMBER 2225 Glen Alle	n Avenu	ıe			101	209.	10			S.A	T COUNTRY?
Į S	ı	11. MARITAL STATUS X Sep a 1 Never Merried 2 Merried a	12. WAS DECEDEN		J.S. ARMED					ORIGIN? (Specify Yes			American Indian, hite, atc.
l k		1 Never Merried 2 Werried # 3 Widowed 4 Diverced	IF YES, GIVE				1 TES	2 NO	Specify:	uerto Rican, atc.)		Specific	lack
1 03	ı	15. DECEDENT'S EDUC (Specify only highest grade		1	18e. DECEDENT	S USUAL O	CCUPATIO	ON ost of working		18b. KIND OF BUS	SINESS/INDUS	STRY	
ed all once. BE COMPLETED		Elementary/Secondery (0-12)	College (1-4 or 5	+)				ost of working	е	Cler	k		
NO.	ı	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAME	(First, Middle, Maiden	Surname)		
E O		Elmer Roy						Naor	mi S	mallwoo	đ		
		190. INFORMANT'S NAME (Type/Print) Robin Y.B. Gou	gh		5154					ve. N.E			gton DC
must be		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Reme 4 Donetion 8 Other (Specify)	oval from State	20b. F	PLACE OF DISP	ncol	n C	emet	ery ery		cation — cit		
examiner	ļ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	and b	22.	TAK		FUNE	RAL HOM			ngton DC
medical	7	23. PART I. Entar the diseases, or o	complications the	et caused	tha death. Do	not enter	the mo	ode of dyln	g, such s	a cardiec or reapi	retory arres	t,	Approximata
		shock, or heart failure. IMMEDIATE CAUSE (Final	List only Dna ca	use on aad	ch line.								Interval Between Onset and Daath
r,		resulting in death)	Exsand										
event,				100000	CONSEQUENCE	OF):							
NO.		Sequentially list conditions, if any, laeding to immediate	Lung C		L. CONSEQUENCE	OF):							
TA CA		cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
er other traumatic		that initiated events resulting in death) LAST	DUE TO	OR AS A	CONSEQUENCE	OF):							
Ş C		PART II. Other algolificent condition	e contribution to	don'th hu	t not requision	in the co	n da dula		unn in Da	- 1 Day 1980 AND	ALTTORAY	7.45.40	ERE AUTOPSY FINDINGS
		PART II. Other algenticent condition	e contributing to	deetii bu	t not resulting	j in the u	i deriyiii	ig cause gr	ven m ra	PERFOR	RMED?	AV	AILABLE PRIOR TO
ws any in										_ X(X) YES 2	I I NO		DEATH?
Z3 shows	. 11									-			
IAN S		25. WAS CASE REFERRED TO MEDICAL EXAMINER?				_		LACE OF DEA	ATH (Check	only one)			
or Item		1 XXES 2 □ NO	HOSPITAL: 1 ☐ Inpatient 2	ER/Outpa	tlent 3 🗆 DOA	4 Nu		ne 5 🗆 Resi	Idence 8	Other (Specify)			
8 P		27. MANNER OF DEATH *** Matural 8 Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)		IME OF NJURY M	W	JURY AT ORK? YES 2		ed, DESCRIBE HOW I	INJURY OCCU	RED	
∞ LL		2 Accident 3 Suicide S Could not be determined	28e. PLACE building	OF INJURY -	At home, farm	, street, fac	tory, offic	ce	20	Bf. LOCATION (Street City or Town, State)		r Rural Rout	te Number,
IMPORTANT: If Item 2		anel only								the cause(e) end me			
NA C		29b, SIGNATURE AND TITLE OF CERTIFIE		Попинител	endor investiga	uon, in my	opinion, (
IMPOR C		Donald & U	Vight					OCM	E NUMBE			10-31	lonth, Day, Year) 1–90
		DONALD WRIGHT, MD	O COMPLETED CAI	ISE OF DEA			n St	reet,	Balt.	imore,MD	21201		VC

DHMH-16 Rev 1/89



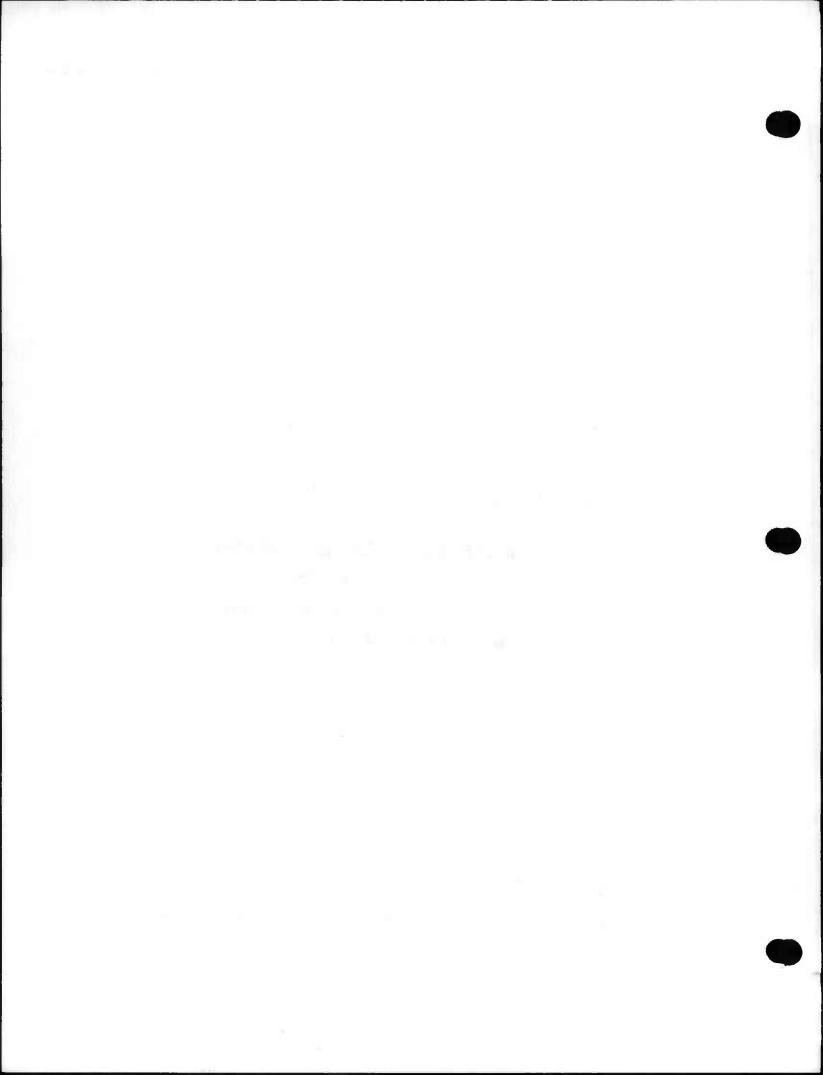
31. DATE FILED (Month, Day, Year) NOV 01

32. REGISTRAR'S SIGNATURE whia Davidson

Randon

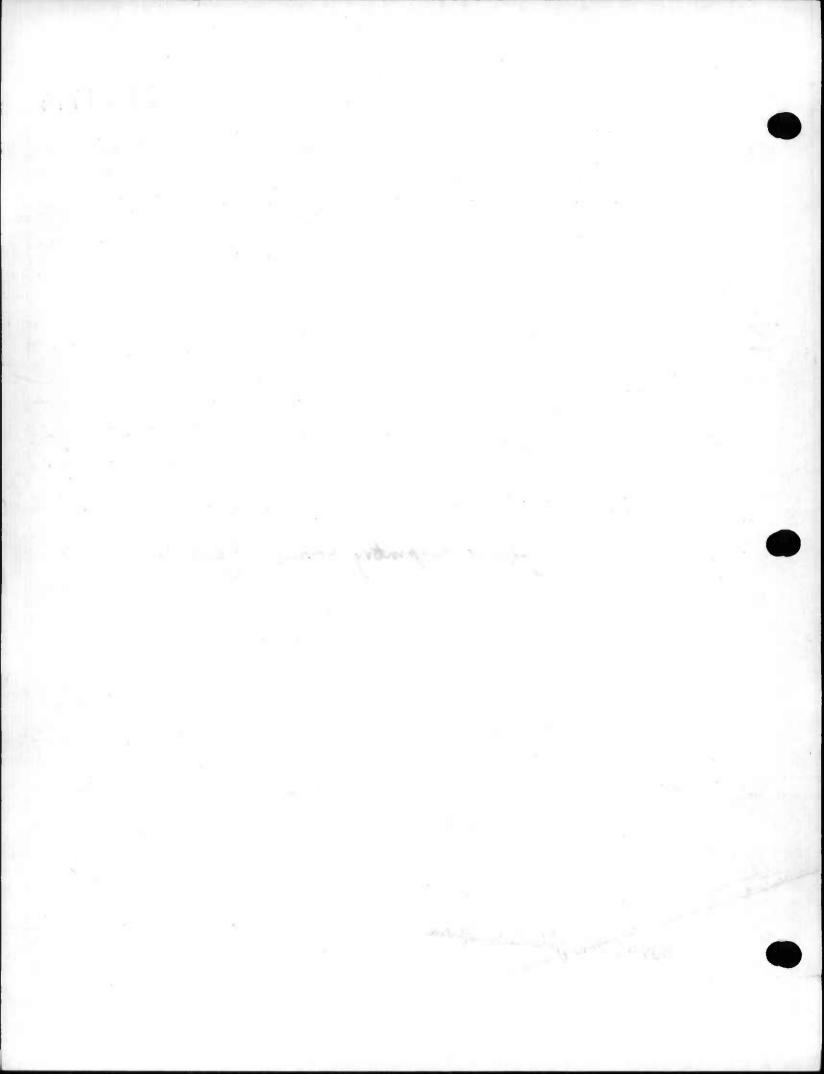
Ralph P. Burney	CERTIFICATE OF	DEATH	NTAL HYGIENI REG. NO.		
	oh P. Burney	2.	DATE OF DEATH		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AC	E (In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH		IRTHPLACE (State or Foreign
109-12-4787 1 ☑ M 2 ☐ F	74 YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) June 19,	1916 Å	New York
9a. FACILITY NAME (If not institution, give street and number)	1 1	OR LOCATION OF DEATH	1	9c. COUNTY C	
Shady Grove Adventist Hospi	tal Rock	rile md		Montg	omery
10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOC				10d. INSIDE CITY LIMITS?
Maryland Montgomery		ville			1 XYES 2 NO
100. STREET AND NUMBER	1	or. ZIP CODE			of what country?
402 Baltimore Road 11. MARITAL STATUS 12. WAS DECEDENT EVE	DIN II S ADMED 12 WAS O	20850 ECENOENT OF HISPANIC	OBIGIN2 (Specify Ven		RACE — American Indian,
1 □ Never Married 2 □ Merried FORCES? 1 □ YES, GIVE WAR O	S 2 NO If yes,	specify Cuban, Mexican, P		E	Black, White, etc.
3 Wildowed 4 Nolvorced WW II		opouny.			White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPA: (Give kind of work done during i life. Do NOT use retired.)	TION most of working	16b. KIND OF BUS		Union #101
Elamentary/Secondary (0-12) Collega (1-4 or 5+)	Printer		Typogra	phicar	OllTOIL #101
17. FATHER'S NAME (First, Middle, Last)	Trancer	18. MOTHER'S NAME	(First, Middle, Maiden	Sumame)	
H. Robert Burney		Irene Gu	innes		
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street		and the same of th		
Claudia B. Allred	306 Squirrel	Drive, Oza	ark, Alab	ama 36	6360
20s, METHOD OF DISPOSITION 1 S Burlet 2 Cremetion 3 Removal from State	20b. PLACE OF DISPOSITION (Name of other place)			CATION — City of	
4 Donation 5 Other (Specify)	Parklawn Memoria	AND ADDRESS OF FAÇILI		:KVIIIe	, Maryland
Rahmul Formal	M00198 Rober Rock	+ A Pumph	rev Filher	al Home	e/Rockville,
23. PART I. Enter the diseases, or complications that cau	sed the death. Do not enter the n	node of dying, such a	a cerdiac or reapi	iratory arrest,	Approximate
shock, or heert fellure. Liet only one cause o IMMEDIATE CAUSE (Finel	1	011	100 (1)		Interval Between Onset and Death
disease or condition	E ATRIO CAVIRIO	JUDG PHOC	ATIO		
		1-100	MILION		1 MOUR
	S A CONSEQUENCE OF):	PATHU	MINION		J YELOU
OUE TO (OR A	JE CARPIOMO	PATHY			1 HOUR
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	JE CARPIOMO	PATHY			1 400R 5 PAPY 96 YEIPS
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	S A CONSEQUENCE OF:	BATHY			2 Letter
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	S A CONSEQUENCE OF:	PATHY			1 400R 5 PAPY 86 PAPS 28 PENDS
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	S A CONSEQUENCE OF: CHAILE CHAILOC S A CONSEQUENCE OF: C AENAL WITH	PATHY PACIFIED PACIFIED	EALE		J GHPJ DE YEARS 24b. WERE AUTOPSY FINDINGS AND I ARE ERRORD TO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet	S A CONSEQUENCE OF: CHAILE CHAILOC S A CONSEQUENCE OF: C AENAL WITH	PATHY PACIFIED PACIFIED	EALE	RMED?	J PAPPY DE YEARY 24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet	S A CONSEQUENCE OF: CHAILE CHAILOC S A CONSEQUENCE OF: C AENAL WITH	PATHY PACIFIED PACIFIED	EALE IT I. 244, WAS AN PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death	S A CONSEQUENCE OF): CHAILE CHAILO S A CONSEQUENCE OF): CHENAL WITH	PATHY PACURAL PACURAL Ing cause given in Pa	IT I. 24a. WAS AN PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death	S A CONSEQUENCE OF): CHANGE S.S. A CONSEQUENCE OF): CHANGE AND THE STATE OF THE	PATHY PACE OF DEATH (Check	PERFORMAN 1 YES 2	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO NO NO NO NO NO 1 Other aignificent HOSPITAL: Other aignificent Disease HOSPITAL: Other aignificent Disease HOSPITAL: Other aignificent Disease HOSPITAL: Other aignificent Disease	A CONSEQUENCE OF): CHANGE SA CONSEQUENCE OF): CHANGE CHANG	PATHY PACLOWY Ing cause given in Pa PLACE OF DEATH (Check ome 5 Raeidenca 8	IT I. 24a. WAS AN PERFOR	NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \$\frac{1}{2}\$ NO 1 \$\frac{1}{2}\$ (Month, Day, No. 1)	CAPDOMIC S A CONSEQUENCE OF): CHANCE SALE OF THE PROPERTY AND THE PROPE	PATHY PACE OF DEATH (Check ome 5 - Residence 8	PERFORM 1 YES 2 only one) Other (Specify)	NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\) NO 1 \(\) NO NO NO NO NO NO NO NO NO NO NO NO NO	Dutpetient 3 DOA 4 Nursing HRY 28b. TIME OF 11 INJURY M 1 IURY — At home, farm, street, factory, or	PATHY PACE OF DEATH (Check ome 5 Residence 8 NJURY AT WORK? YES 2 NO	TI. 24a. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) Bd. DESCRIBE HOW I	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\tilde{\tilde{L}} \) NO 27. MANNER OF DEATH 1 \(\tilde{\tilde{L}} \) NO 28. DATE OF INJURANTED OF DEATH 1 \(\tilde{\tilde{L}} \) NO 29. PLACE OF INJURISHING Accident 3 Suicide 8 Could not be Coulding, stc. is building, stc. is could not be Coulding, stc. is coulding, stc. is could not be Coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is could not be Could not be Could not be	Dutpetient 3 DOA 4 Nursing HRY 28b. TIME OF 11 INJURY M 1 IURY — At home, farm, street, factory, or	PATHY PACE OF DEATH (Check ome 5 Residence 8 NJURY AT WORK? YES 2 NO	PARE 24a. WAS AN PERFOR 1 YES 2 conly one) Other (Specify) 8d. DESCRIBE HOW	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\tilde{\tilde{L}} \) NO 27. MANNER OF DEATH 1 \(\tilde{\tilde{L}} \) NO 28. DATE OF INJURANTED OF DEATH 1 \(\tilde{\tilde{L}} \) NO 29. PLACE OF INJURISHING Accident 3 Suicide 8 Could not be Coulding, stc. is building, stc. is could not be Coulding, stc. is coulding, stc. is could not be Coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is could not be Could not be Could not be	CAPOUMIC S A CONSEQUENCE OF): CHANCE	PATHY PACE OF DEATH (Check ome 5 Residence 8 NJURY AT WORK? YES 2 NO NO NJURY AT 2 NO NJURY AT NJURY	PIT I. 24a. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) Bd. DESCRIBE HOW I	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deet 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\tilde{\tilde{L}} \) NO 27. MANNER OF DEATH 1 \(\tilde{\tilde{L}} \) NO 28. DATE OF INJURANTED OF DEATH 1 \(\tilde{\tilde{L}} \) NO 29. PLACE OF INJURISHING Accident 3 Suicide 8 Could not be Coulding, stc. is building, stc. is could not be Coulding, stc. is coulding, stc. is could not be Coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is coulding, stc. is could not be Could not be Could not be	CAPOUMUS A CONSEQUENCE OF): CHANCE SA CONSEQUENCE OF): CHANCE CHANCE AND A CONSEQUENCE OF): CHANCE CHANCE AND A CONSEQUENCE OF): CHANCE A CONSEQUENCE OF): CHANCE A CONSEQUENCE O	PATHY PATHY PATHY PATHY PATHY Ing cause given in Pa PLACE OF DEATH (Check ome 5 Raeidence 8 No.	PIT I. 24a. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) Bd. DESCRIBE HOW I Bf. LOCATION (Street City or Town, State) the cause(s) and ma	INJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO ED
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Cinpatient 28. DATE OF INJURNATION 27. MANNER OF DEATH 28. DATE OF INJURNATION 28. PLACE OF	CAPOUMUS A CONSEQUENCE OF): CHANCE SA CONSEQUENCE OF): CHANCE CHANCE AND A CONSEQUENCE OF): CHANCE CHANCE AND A CONSEQUENCE OF): CHANCE A CONSEQUENCE OF): CHANCE A CONSEQUENCE O	PATHY PATHY PATHY PATHY PATHY Ing cause given in Pa PLACE OF DEATH (Check ome 5 Raeidence 8 No.	TI. 24a. WAS AN PERFOR 1 VES 2 Only one) Other (Specify) 8d. DESCRIBE HOW 1 City or Town, State) the cause(s) and mana, data and place, an	INJURY OCCURE and Number or R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO ED

DHMH-18 Rev 1/89



il-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF I					DEAT		MENTAL HYGIEN REG. NO		90	317	74
	1. DECEDENT'S NAME (First, Middle, Lest) WAYNE A. BROW	/N							2. DATE OF DEATH MONTH 0	3	YEAR 90	. TIME OF DEAT	A N
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNPL Country)	ACE (State or Fo	oreign
	217-52-2880 Sa. FACILITY NAME (If not institution, give s	1x M 2 G F		YRS.		V Pount	OR LOCATI		4 5 1952	-	MARY ITY OF DEA		
œ							BURNI		Ain		E ARU		
DIRECTOR	NORTH ARUNDEL H			,				С		AIVIV			
IRE	MAD VI AND		N.T.		TY, TOWN					18		Dd. INSIDE CITY	
	MARYLAND ANNE	ARUNDE	بلة	CRU	OWNS		LE I. ZIP COD	Ē		10g. CITI		YES 2 AT COUNTRY?	NO
ERA	1031 GENERAL	HIGHWAY					2103	2			S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER	NT EVER IN U.S. AR	MED 10	13	. WAS DEC	ENDENT (F NISPAN	IIC ORIOIN? (Specify Yen, Puerto Rican, etc.)	s or No-		- American Indi Whita, atc.	en,
PLETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of	S USUAL (work done use retired.	during me	ON ost of worki	ng	ADVENT	ISINESS/IND	USTRY	SCAPI	NG
COMPL	17. FATHER'S NAME (First, Middle, Last)						16. MOT	NER'S NA	ME (First, Middle, Maider	Sumame)			
ш	WILBERT BROW	N		1			E	VA_	PULLEY				
0	19a. INFORMANT'S NAME (Type/Print)		191	b, MAILIN	O ADDRES	SS (Street	and Numbe	r or Rural i	Route Number, City or Tox	vn, State, Zip	Code)		
	EVA CARR								ANNAPOL				
	20a. METHOD OF DISPOSITION 1 Surief 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE other place	ece)						DCATION —			
	21. SIGNATURE OF FUNERAL SERVICE LI	y Rec	se		22 R	EES	ND ADDRE	SON.	GUIT821 WE S MORTUA	ST S	T. A	NNAPO D. 21	
Z	shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cs	use on each line	.			^		Synd			Interval E Onset an	
CENTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	O (OR AS A CONSE										
MEDICAL C	PART II. Other significent condition	ns contributing to	o death but not i	resulting	in the t	underlyir	ig ceuse	given in		RMED?		VERE AUTOPSY I MAILABLE PRIOF COMPLETION DF DF DEATH? YES 2	CAUSE
Z													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			отн	ER:			eck only one)				1.0
BY PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	26a. DATE O	ER/Outpatient 3 DF INJURY Day, Year)	28b. T/		28c. IN	JURY AT ORK? YES 2		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED		
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At he g, etc. (Specify)	ome, farm	, street, fe	actory, offi	ce	ě.	28f. LOCATION (Stree City or Town, State	t and Number e)	or Rural Ro	ute Number,	
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHY:								to the cause(s) and m			and manner as	stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	2 ~	h	n	V		29c. Li0	ENSE NU	MBER	29d. DAT	E SIGNED (Month, Day, Year 90)
1	30. NAME AND ADDRESS OF PERSON W Sang C. Doh, M. 31. DATE FILED (Month, Day, Year)		Crain H	li abı		SW, (Elen	Burn	ie, Maryl	and i	21061		
	NOV 0 7 1990 8	July Davids	Ser Mariane										



Edward W.

NOV 7 90

Ditto,

III,

M.D., File Warden Philippe

							90	3	1/15
•	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND N OF DEATH	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		- 1			2. DATE OF DEATH MONTH DA	Y YE	3. TI	ME OF DEATH
- 1		Dorothy	E L izal	neth	BISHOP	November	4, 1990	0 3	:56 A M
		5. SEX 8. AGE 1 M 2 F	(In yrs. last birthday) 72 YRS.	MONTHS 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 25		BIRTHPLACE Country)	E (State or Foreign Wa
H.	90. FACILITY NAME (If not institution, give etre Avalon Manor No				own or Location of DE lagerstown	ATH	9c. COUNTY	of DEATH	n
6	RESIDENCE OF DECEDENT			l			114511.		
DIRECTOR	Maryland Was	shington		ry, town on lagers				11	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10a. STREET AND NUMBER 649 South Potoma	ac Street			10f. ZIP CODE 21740		10g. CITIZEN	J.S.A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	H y	AS DECENDENT OF HISPAN yes, specify Cuben, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)	or No 14.	Specify:	220
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCC	CUPATION	16b. KIND OF BUS	SINESS/INDUST		White
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done du	ring most of working	Mote	1		
<u> </u>	17. FATHER'S NAME (First, Middle, Last)			псере		ME (First, Middle, Meiden			
BE CO	Walter Ear	1 Shank			Marg	aret I	Belle		yers
2	Glendora M. Stev	enson			rth Avenue,				1 21740
	20a, METHOD OF DISPOSITION 1 Description 1 Donation	val from State	other place) Mt. Lena		e of cemetery, crematory or tery		cation – city Lena,		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			ame and address of fa drew K. Cof	CILITY		-	1
	+ R. hall	Rush		An	drew K. Cor	Iman Funer	al Hom	ie, Ir	1C.
-	23. PART i. Enter the diseases, pr co	-	od the death. Do		E. Antietam				Approximeta
	shock, or heart failure. L			not enter ti	ne mode of dying, soc	n aa cerdiec or resp	newly allest	'	interval Between Onset and Death
- 1	disease or condition resulting in daeth)	Pneumon							2 weeks
			A CONSEQUENCE	•					
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	Arterioscle DUE TO (OR AS	rotic Ca		ascular Dis	ease			Years
2	cause, Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AC	A CONSEQUENCE	ND.				-	
FE	that initiated events resulting in deeth) LAST		A CONSCOUNCE V	J. J.					
	PART ii. Other aignificant conditions	contributing to death	but not requiting	in the und	lerlying ceuse given in	Part i, 24a. WAS AN	ALITOPSY	24b WEE	E AUTOPSY FINDINGS
ᅙᅵ					,,	PERFO	RMED?	AWAR	LABLE PRIOR TO IPLETION OF CAUSE
<u> </u>						1 YES 2	i M NO		DEATH?
Σ						—		1 1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Ch	eck only one)			
ᅙᆝ	EXAMINER?	HOSPITAL:	Instinct 3 DOA	OTHER:					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e, DATE OF INJURY	28b, TI	ME OF 2	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED	
	1 🔀 Natural 8 🗌 Pending	(Month, Day, Year)	"	JURY M	WORK? 1 YES 2 NO				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp		street, factor	ry, office	281. LOCATION (Street City or Town, State,		Rural Route	Number,
	29a. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of my kno	windon doub	road pt at - at-	no data and slag-	to the sevents d	nner en etstad		
COMPLETED	onel	R: On the basis of examinati							menner en stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER								nth, Day, Year)
B E	CLU LA	W) DIA	ten.		29c. LICENSE NU DO 106				5, 1990
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	FATH (ITEM 27) (M	Print)			1.04		-,

217

West Washington Street, Hagerstown, Maryland 21740

Dat X

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A 2 41-2 4

shows any

PHYSICIAN:

COMPLETED item ;

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has be Dept.

certificate to the State I, or item

DIRECTOR: An hours after desitem 28 is r

TO THE HOSPITAL OF TO THE FUNERAL DID be filed within 72 ho

The law

OR ATTENDING PHYSICIAN: this c marked. BY

Pages

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OFATH 2. DATE OF OEATH MONTH YEAR Goldie I. Baker 1990 1:45 8 рм November 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Pennsylvania HOURE 1 M 2 X F 89 215-14-2300A May 11, 1901 YRS Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington Williamsport Nursing Home Williamsport RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Hagerstown Maryland 1 X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21740 **USA** 316 S. Cleveland Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify 3 X Widowed 4 Divorced white 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR Elementary/Secondary (0-12) College (1-4 or 5+) wholesale manufacturing seamstress 6 years 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Daniel Young Snowberger Julia Mina Jacques 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 116 Greenmount Avenue Hagerstown, Maryland 21740 Alice L. Hessler 20s. METHOO OF OISPOSITION
1 💢 Burisi 2 🗆 Cremetion 3 🗆 Removal from State
4 🗋 Donation 5 🗆 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Norland Cemetery Chambersburg, Penna. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street Hagerstown, Maryland Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory street, ahock, or heert fellure. List only one cause on asch line Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition Aspiration Pneumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Organic Brain Syndrome 1 TYES 2 X NO OF DEATH? 1 YES 2 NO

5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 □ DOA 4 類 Nu	ER: ursing Home 5 - Reeldend	e 6 🗆 Other (Specify)
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fë	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2 MEDICAL EXAMINER: On the basic of extion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.

290. BIGNATURE AND TUTLE OF GENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 33700 30. NAME AND ADDRESS/OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Ted E. Howe, 18100 Marden Lane, Olney, MD 20832

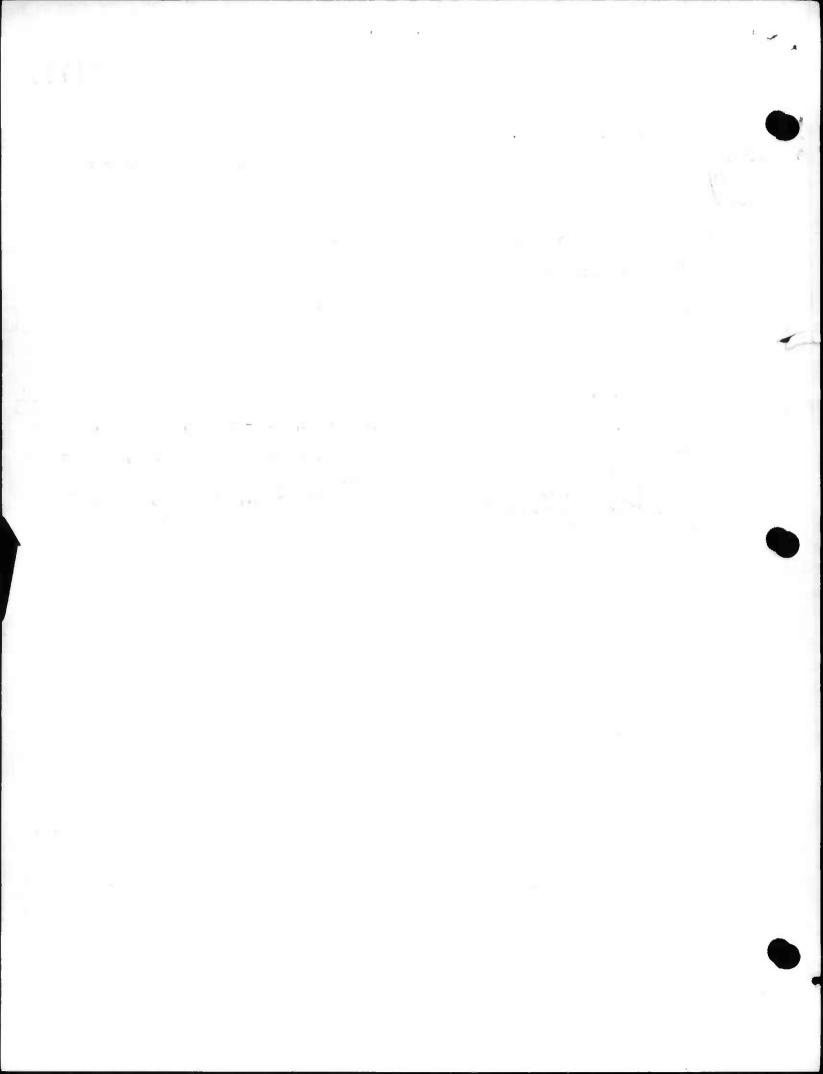
32. REGISTRAN'S SIGNATURE
GULLA DAVIDSON 31. DATE FILED (Month, Day, Year) '90 NOV Q

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a means after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Rages 1, a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21303-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR					MENTAL	REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF OEATH DAY	r .	YEAR 3	. TIME OF DEATH
:/	Harold W. Brim							11	9 OF BIRTH	199		:50 A M
	218 16 5451	131113	(in yrs. last birthday) 88 YRS.	IF UNDER	DAYS	HOURS	MIN.	(Month	0/14/0	2	Country) Virg	ACE (State or Foreign
	90. FACILITY NAME (If not institution, give s		00	9b. CITY,	TOWN 0	R LOCATION	ON OF DE		0/ 14/ 0	9c. COUNT		
BC .	SALISBURY NURSING	HOME		SAL	ISBU	RY,	MD.			WICO	MICO	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	104 00	Y. TOWN O	D I OCAT	ON					1.4	od. INSIDE CITY
DIRECTOR		rcester	100. 01		llet							LIMITS? X YES 2 NO
	10e. STREET AND NUMBER	rcescer		GIII	_	ZIP CODI	E			10g. CITIZE		AT COUNTRY?
ER/	Box Iron R	load					218	29			US.	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES						IC ORIGIN	? (Specify Yes	or No- 1	4. RACE -	- American Indien, White, etc.
ВУ Г	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA					Specify		reart, etc.)		Specify:	
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF BUS	INESS/INDU		White
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done (during mo	st of working	ng					
AP.	7		De	aler					Sea	food		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTI			fiddle, Maiden			
BE	Robert F. Bri	mer		1700					ie Hil			
2	190. INFORMANT'S NAME (Type/Print) Erma B. Ward								er, City or Town			ry, MD21801
	20s. METHOD OF DISPOSITION	201	DI ACE OF DISPO	SITION (No	me of oee	tohan near	nefon or			CATION — CI	_	
	1 Donetion 6 Other (Specify)	ioval from State	other place) Spri	nghi	11 M	etho	dist					Maryland
	21. SIGNATURE OF FUNEMAL SERVICE LI	gensey /		22.	NAME AN	D ADORE	SS OF FA	CILITY			•	
1	May as 18	4/		_				l Ho		มงาา	MD	21863
\neg	23, FART I. Enter the discoses, or	Complications that cause	d the deeth. Do									Approximats
- 1	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only Dne ceuse Dn e										Interval Between Onset and Death
- 1	diseese or condition resulting in death)	· Men	A CONSEQUENCE O	la	٠.							
		OUE TO (OR AS A	A CONSEQUENCE	OF):								
S	Sequentially list conditions,	b. CA A	A CONSEQUENCE (NEV.								
F	If any, leading to immediate cause. Enter UNDERLYING	CH	-	<i>,</i> , , , , , , , , , , , , , , , , , ,								į
임	CAUSE (Diseese or Injury that initiated events	С.	A CONSEQUENCE (OF):								
CERTIFICATION	resulting in death) LAST	d										
	PART li. Other significant condition	ns contributing to deeth t	out not resulting	In the ur	nderlyin	ceuse	given in	Part i.	24s. WAS AN			VERE AUTOPSY FINDINGS
MEDICAL									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
밀												OF DEATH?
								_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF E	DEATH (Ch	eck only or	e)			
YSI	1 TYES 2 THO	1 - Inpatient 2 - ER/Out		4 🗆 Nur	sing Horr		eeldence	6 🗆 Othe				
F	27. MANNER OF DEATH 1 After 1 5 Pending	28e, DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF IJURY		RIC?	7.00	28d. DES	CRIBE HOW I	NJURY OCCI	JRED	
BY	2 Accident Investigation	28e. PLACE OF INJURY	Y — At home, farm	street, fac		YES 2 [26f. LOC	ATION (Street a	and Number o	or Rumil Ro	uta Number
8	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe							or Town, State)			
COMPLET	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	viedge, death occu	rred at the i	lime, date	and place	e, end due	to the car	use(e) end mar	ner as state	d.	
MP	CONSUM ONLY	IER: On the basis of examination										and menner se stated.
E C	29b. SIGNATURE AND THE OF CHITIFU	ik .				29c. LIC	ENSE NU	WBER		29d. DATE	SIGNED (Month, Day, Year)
0	V/ KTOLIC	in the				D	29	34	7	1	181	90.
6	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)				1	~	7	1	
	William 1	RobINS	Mel	110	4 1	EAL	HHY	VAV	DR	. Si	4Lis	-RURY MOR
12	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN										,



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

TI. MARTAL STATUS 1. MARTAL S	1. DECEDENT'S NAME (First, Middle, Last)	Louis	Charne	·y		2. DATE OF DEAT	DAY 5	YEAR 90	3. TIME OF DEATH
Sec. CITY TOWN ON LOCATION OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY Sec. CITY TOWN ON LOCATION OF DEATH Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION Sec. CITY TOWN ON LOCATION ON LOCATION Sec. CITY TOWN ON LOCATION ON LOCATION Sec. CITY TOWN ON LOCATIO	A STATE OF THE PARTY OF THE PAR			MONTHS DAVE		7. DATE OF BIRTH	19	8. BIRTHI Country	Poland
The STATE SOLUTION SOlution Solution	Sinai Itas	atreet and number)					9c. COL		
## WASHING OF CROSSPORTS BENCHMARTS NAME (Pinc. Misco, Last) To Responsible of Process of Linear Science of Process of Linear Science of Process of Linear Science of Process of Linear Science of Process of Linear Science of Process of Linear Science of Process of Linear Science of Process of Linear Science of Process of Linear Science of Process of Linear Science of Process of Linear Science of Linear S	10a. STATE 10b. COUNT	Y	10c.	CITY, TOWN OR LOC		ore			10d. INSIDE CITY LIMITS? 1X YES 2 NO
Type, specify Codes, Mastian, Purior Ricks, visid.) Ways, specify Codes, Mastian, Purior Ricks, visid.) Ways, specify Codes, Mastian, Purior Ricks, visid.) White Secretary City White St. December's BUDLATION Specify (why injurity prior completed) White St. December's BUDLATION Specify Codes, Mastian, Purior Ricks, visid. White St. December's BUDLATION Specify Codes, Mastian, Purior Ricks, visid. White St. December's Budlation of the St. December of the		Maine Avenu	e			1207			
Elementary (Ports) College (14 or 5+) Self-Employed Fainting iHouse	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes,	specify Cuban, Maxic	an, Puarto Rican, etc		Black,	, White, atc.
Sam Schwartz 198. MALING ADDRESS (Steel and Number or Rarel Rouse Number, City or Rem., Sten. 20 Code) Edith Silberman 198. MALING ADDRESS (Steel and Number or Rarel Rouse Number, City or Rem., Sten. 20 Code) Edith Silberman 208. METHOD OF DISPOSITION 208. PLACE OF DISPOSITION (Numer of commenty care) 21. SIGNATURE OF FUNEAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 3981 Carrollton Road Upperco, MD, 21155 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Be disease or condition or could not be death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Be disease or condition or could not be death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Be disease or condition. 23. PART II. Other significant conditions, out to to death but not resulting in the underlying cause given in Part I. 24. PLACE OF DEATH (Check only one) 25. WAS CASE REFERENCE TO MEDICAL EXAMINET? 10 UE TO (OR AS A CONSEQUENCE OF): 26. WAS CASE REFERENCE TO MEDICAL EXAMINET? 10 UES 2 NO 27. MANNER OF DEATH 10 Gestion 2 Confidence of Part or Rully (Mone, Day, New) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. CALCISET II. 20. ROUGHLING OF CHAINT (Check only one) 20. ROUGHLING OF CHAINT (Check only one) 21. WAS CASE REFERENCE TO MEDICAL EXAMINET? 10 UES 2 NO 21. MANNER OF DEATH 10 Gestion 2 Confidence of Rully (Mone, Day, New) 22. RACISET II. 23. Suite 8 Confidence of Rully (Mone, Day, New) 24. PLACE OF MAINT — A home, farm, street, factory, office 25. CALCISET II. 26. CALCISET II. 26. CALCISET II. 27. MANNER OF DEATH 28. PLACE OF MAINT — A home, farm, street, factory, office 28. DISCAMINET? 29. CALCISET II. 20. CALCISET II. 20. CALCISET II. 20. CALCISET II. 20. CALCISET II. 20. CALCISET II. 20. CALCISET II. 21. Suite Suite and function of the death of the death manner as st	(Specify only highest gred Elementary/Secondary (0-12)	e completed)	(Give kin- life. Do N	d of work done during i OT use retired.)					е
198. INFORMANT'S NAME (Pro-Print) Bilth Silberman 199. MALING ADDRESS (Street and Number or Pairal Route Number, City or Town, Stells. 25 Code) 190. MALING ADDRESS (Street and Number or Pairal Route Number, City or Town, Stells. 25 Code) 190. MALING ADDRESS (Street and Number or Pairal Route Number, City or Town, Stells. 25 Code) 190. MALING ADDRESS (Street and Number or Pairal Route Number, City or Town, Stells. 25 Code) 190. MALING ADDRESS (Street and Number or Pairal Route Number, City or Town, Stells. 25 Code) 190. MALING ADDRESS AT POOL DRIVE OF TOWN, Stells. 25 Code) 190. MALING ADDRESS AT POOL DRIVE OF TOWN, Stells. 25 CODE, CALLED ADDRESS AND STELLS. 25 CODE, CALLED ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS OF FACILITY 190. MALING ADDRESS AT POOL OF TOWN, Stells. 25 CODE, CALLED ADDRESS A		am Schwartz					,		
Set METHOD OF DISPOSITION Commence of	19a. INFORMANT'B NAME (Type/Print)		19b. MAI		and Number or Rural	Route Number, City or	Town, State, Z		orida 3348
22. NAME AND ADDRESS OF FACILITY 3981 Carrollton Road Uppero, MD. 21155 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Be Onest and Uppero, MD. 21155 Approximation of the conditions of the country of the	20a. METHOD OF DISPOSITION © Burlel 2 Cremetion 3 Rec	noval from State	20b. PLACE OF DI	SPOSITION (Name of o	emetery, cremetory or	200	LOCATION -	- City or To	wn, State
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME	AND ADDRESS OF FA	Marzu	llo Fi	inera.	l Service
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. PARCUN DUE TO (OR	AS A CONSEQUENCE	CE OF):					
EXAMINER? 1 YES 2 NO NOSPITAL: 1 OTHER: 4 Nursing Home 8 Realdence 6 Other (Specify) 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation Suicide 8 Could not be determined Suicide 8 City or Youn, State) State Suicide 8 City or Youn, State State City or Youn, State State City or Youn, State State City or Youn, State State City or Youn, State State City or Youn, State State City or Youn, State City or Yo	PART II. Other significant condition	ns contributing to dec	eth but not result	ting in the underly	ng cause given in	PEI	REORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
27. MANNER OF DEATH Netural 5	EXAMINER?			OTHER:	PLACE OF OEATH (C	heck only one)			
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJ	URY 286	TIME OF 28c. I	NJURY AT VORK?			CCURED	
(Check only 1 (C	3 Suicide 8 Could not be	28e. PLACE OF IN building, etc.	JURY — At home, for (Specify)	arm, street, factory, of	lice			er or Rural F	loute Number,
Socyle O. Lelin M.D. AS-240272-DS-9205 ►11/5/90	(Check only) and manner as stated
Dorosto D Cit	Sough D.	Lelin	M.D.	(Time Print)	As-240:	137-D2-63			
31. DATE FILED (MONTH, Day, Year) 32. DEGISTRAPS SIGNATURE Sun Javidson-Randell	Douglas D	. Silm	Seattle (HEW 27)	Sinci t	tospitel	1			

uted within 24 hours after death. Page 6 may be retained by the hospital or attending physician. completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permital, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the tuneral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiense prior to build, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203.	an Hours after death. Page 6 may be retained by the hospital or atten-	filled in by the funeral director, page 5 should be detached for use as on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The iaw requires that the death certificate be executed within & rouns after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.

:11		Chomas		Edward		Car		2. DATE OF D	7-9 0 °	YEAR	3. TIME OF OEATH 2:10AM
	4. SOCIAL SECURITY NUMB 214-04-8361		6, SEX 1 M 2 F	6. AGE (In yrs. le	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF B (Morith, Day MARCH	4 1969	mary	rland
G.	Sacred Hea	art Ho					erland	DEATH		legan	y County
DIRECTOR	RESIDENCE OF DEC 100. STATE MARYLAND	10b. COUNT	, GANY			Y, TOWN OR LOC VALE	ATION				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
ERAL	100. STREET AND NUMBER 27 11C11 ST	REET				1	21502			S.A.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Divo		FORCES?	NT EVER IN U.S. A I YES 2 X WAR OR DATES		If yes, t	ECENDENT OF HISPA apecity Cuban, Mexic ES 2 X NO Spec	an, Puerto Rican		Blac	E — American Indian, ik, White, atc.
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade 0-12)	CATION completed) College (1-4 or 5	+)	Give kind of a. Do NOT u	USUAL OCCUPATION IN THE PROPERTY OF THE PROPER	most of working		OF BUSINESS	INDUSTRY	
BE CON	17. FATHER'S NAME (First, M THOMAS I		{				16. MOTHER'S N	AME (First, Middle A BUCKE		•)	
TO B	19a. INFORMANT'S NAME (7) BARBARA CAR	Type/Print)		2	7 11C	ADDRESS (Street	and Number or Rure LAVALE	MARYLAN	Ty or Town, State,	7502	
	20a METHOD OF DISPOSITI	NON On 3 Pen		20b. PLACE BITT	OF DISPO	SITION (Name of C	cemetery, cremetory or		BITTIN	GER,	MARYLAND
	21. SIGNATURE OF FUNERA		ENSEE	1		22. NAME STLC	AND ADDRESS OF F	ACIUTY T FINE	RAT. HOM	E	
	23. PART I. Enter the d	l &.	compileations th	nt caused the d	eath. Do	404 1	DECATUR S	TREET (CUMBERL	AND M	Approximate
ATION	23. PART I. Enter the dishock, or himmediate CAUSE (Fir disease or condition resulting in death) Sequentially list conditiff any, leading to immediates. Enter UNDERLY	ilseases, or coart failure.	Head a	nt caused the duse on each line and neck of on as a consideration of the	inju	404] not anter the n	DECATUR S	TREET (CUMBERL	AND M	
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DHMH-16 Rev 1/89

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with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical
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	FOR STATE REGISTRAR	STAT	E OF N	IARYLAND /	DEPAR					MENTAL	REG. NO					
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	Norman	C.	Camr	bell						11	7	9	0	5:55	PM	M
- 4	4. SOCIAL SECURITY NUMBER	5. SEX							OF BIRTH			HPLACE (Sta	te or Foreign	n		
	217-30-1448	J. M	2 🗌 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	3	, Day, Year)	35	Count	MD		
	9e. FACILITY NAME (If not institutio								ON OF DE	ATH	_		NTY OF E		-	
FUNERAL DIRECTOR	Memorial Hos	pital				Cu	mber	1and			Allegany					
25		COUNTY			10c. CIT	Y. TOWN	OR LOCAT	ION						10d. INSID	E CITY	_
E.	Maryland	A11.	-					170						LIMIT	\$? 2 NO	
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BY FUI	11, MARITAL STATUS 1 Never Married 2 Perrie 3 Widowed 4 Olvorced	FOR	CES? 1	T EVER IN U.S. AF	MEO MEX	13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 □ YES 2 文章 Specify:					s or No—	14. RAC Blac Spec	E — America ik, White, etc city: White	i.		
0	15. OECEDEN	T'S EDUCATION		16a. OE	ECEOENT'S	USUAL C	CCUPATIO	N		16b.	KIND OF BU	SINESS/IND	DUSTRY	1111110		
COMPLETED	(Specify only higher Elementary/Secondary (0-12)	si grade completed	(1-4 or 8 +	- H/m	live kind of a. Do NOT u	work done ss retired.)	during mo	st of worldi	ng							
2	12	College	(1-4 07 0 7	"	Line	man					C &	P Te	len	hone (20	
N N	17. FATHER'S NAME (First, Middle,	Lasti						16. MOT	HER'S NA	ME (First A	Aiddle, Maiden		.icp.	10110		
	Cantrill J.		11									04.114.114				
BE	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cook									. 0. 3.1						
2	Mrs. Dellann Campbell 507 Beall Street Cumberland, MD 21502															
		7								berr						_
	20a METHOD OF DISPOSITION 1 Satural 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		State	206. PLACE other pi Sun	of olspo	sition (N Memo	eme of centrial	Par	natory or K			mber				
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE				22		O ADDRE						•		
		9	. /.		11	5	Scar	rpel.	li F	unera	al Hon	e				
	Janes	> +	MC	ayo		4					21502					
	23. PART I. Enter the diseas					not ente	r the mo	de of dy	ing, auc	h as card	flac or reap	iratory ar	rest,		roximate	
	Onset and De															
	disease or condition Arteriosclerotic heart disease															
	resulting in deeth)	a	DUE TO	(OR AS A CONSE	OUENCE C	PF):										
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F	if any, leading to immediate cause. Enter UNDERLYING			(,										
유	CAUSE (Disease or injury	۵	OUE TO	(OR AS A CONSE	OUENCE C	F):								-		
Ē	that initiated eventa resulting in deeth) LAST		002.10	(on no n conce												
5	COMMENSAL CONTRACTOR	d												_		
2	PART II. Other algnificant co	onditions contri	buting to	death but not	resulting	in the u	nderlyln	g ceuse	given in	Part I.	24a. WAS AI		24	Ib. WERE AUT		NGS
MEDICAL												RMED			E PRIOR TO	SE
											1 TYEB	2 NO		DF DEATH		
Z										- 1				1 TYES	2 NO	
PHYSICIAN:	16.												\perp			
3	25. WAS CASE REFERRED TO ME EXAMINER?	HOSP	ITAL .	,		ОТНЕ	-	LACE OF I	DEATH (C	heck only or	10)					
S	1 YES 2 NO	1 🗆 Imp		ER/Outpatient	3 DOA			10 5 🗆 R	esidence	6 🗆 Othe	r (Specify)					
王	27. MANNER OF OEATH	261	Month, E		26b. Ti	ME OF	28c. IN.	JURY AT		28d, DE	SCRIBE HOW	INJURY O	CURED			
	Netural 5 Pend	ing tigation	finomity c	yey, roury		M		YES 2	NO							
ВУ	a C autota	261	. PLACE C	OF INJURY - At h	ome, farm,	street, fa	ctory, offic	10		28f. LOC	ATION (Street	and Numbe	or Rural	l Route Numb	10/,	
8	- COUNC	mined	building,	, etc. (Specify)						City	or Town, State)				
COMPLET	290. CERTIFIER	a constant			,											_
豆	Chase only	IG PHYSICIAN: To	ALC: UNKNOWN													
ő	Z MEDICAL	EXAMINER: On the	basis of e	examination end/or	r Investigat	on, in my	opinion, o	death occu	red at the	time, dete	and place, s	nd due to t	he cause	e(s) and man	ner as state	rd.
Ш	295 SIGNATURE AND TITLE OF	CESTUPIEN /						29c. LIC	ENSE NU	MBER		29d, DA	TE SIGNE	ED (Month, De	ny, Year)	
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101	AND ADDRESS OF OF	-										_				

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29b, SIGNATURE AND TITLE OF CERTIFIER

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremat	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, I
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31781 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 830 pm Gladys DEWEY DAY YEAR -URTIS - 3 - 90 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 83 YRS. 1 - M 2 F 577-26-1516 WASHINGTON, -67 DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH nd Street Prince Googe 38/3 -37 DIRECTOR RAINIER MT. RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PRINCE GEORGE MD MT. RAINIER 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Street 37 20712 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 TO NO Specify: Specify: BY 3 🕅 Widowed 4 🔲 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 6+) 6 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROSE WHALAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SHIRLEY C. MURPHY 5022 EDGEWOOD ROAD, COLLEGE PARK, MARYLAND 20712 (DAUGHTER) 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 1 to Burlet 2 Cremation 3 Removal from State POTOMAC CEMETERY POTOMAC, MARYLAND IAL SE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL.SP. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart feiture. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final myo cardial Infarction
DUETO (OR AS A CONSCOUENCE OF): disease or condition minux resulting in death) rTeriorderotic Cardiovascular CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 | NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 6 Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 8 Pending 1 Netural NIA 1 YES 2 NO BY 2 Accident 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Soecity) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide

Benuy Mellal Pan Do 1352 Exquin 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4203 Weens bury Rd Hygyt 150,11/c Mis Zo 751 DEVORE MI 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whie Davidson Randall 7'90 NOV

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, data and piece, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the beels of examination and/or

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

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OF VI	PHYSICIAN.
DIVISION OF VITAL RECORDS, I	Ob ATTENDING PHYSICIAN. The law regulace that the death certificate be executed within 24
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	FOR STATE REGISTRAR	STATE OF I		DEPAR ERTIF					MENTAL HYGIEN REG. NO		90	31782
	1. DECEDENT'S NAME (First, Middle, Leist) ABE	Cho	TKIN							AY	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 129-09-7319	5. SEX 12 M 2 F	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) //4/05		6. BIRT	HPLACE (State or Foreign try) SS1a
E E	So. FACILITY NAME (If not institution, give at	not institution, give atreet and number)					R LOCATI	ON OF DE	EATH A		M d	4.
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN (//(/		, (0	10d. INSIDE CITY	
	Md. Mont	gomery		Ga	ithe		irg				FIREN OF	LIMITS? 1 🖾 YES 2 🗌 NO WHAT COUNTRY?
FUNERAL	9606 Kanfer court					100	2087			-	.S.A	CALL THE STATE OF
8≺	11. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced		T EVER IN U.S. AI L. YES 2 DAR OR DATES	RMED NO			city Cubi	nn, Mexica	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No—		E — American Indian, ck, White, etc. chy: White
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)				work done se retired.)	CCUPATIO during mo	ON at of worki	ing	16b, KIND OF BU			anta
BE COM	8th grade painter Home Improvements 17. FATHER'S NAME (First, Middle, Lest) Reuben Chotkin Clara Shipyotsky											
10 B	19e. INFORMANT'S NAME (Type/Print) 19e. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph Chotkin 9606 Kanfer Court Gaithersburg, Md. 20879											
	20g METHOD OF DISPOSITION 1	oval from State	20b. PLACE other p	OF DISPO	SITION (N	ame of cer	netery, cre	matory or	20c. LC	CATION -	- City or T	own, State
	2 United S United Service Lice	ENSEE	King I	David	D 22.	name ai anza	nsky	GO	cury ldberg Mer	noria	al Ch	ch, Virginia napels, Inc. Md. 20852
	23. PART I. Enter the diseases, or called the shock, or heart failure.									_		Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Stry	Acore	e J	epi	Ices	n (A					Onset and Daath
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sequentially list conditions, as a consequence of: Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO											
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MAG	HOSPITAL:	□ ER/Outpatient	3 🗆 DOA	OTHE	R:			seck only one) 6 □ Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		F INJURY OF INJURY — At I		JURY	1 🗆	ORK? YES 2	□ NO	284. OEŞCRIBE HOW 281. LOCATION (Street			I Doude Number
ETED	3 Suicide 6 Could not be 4 Homicide determined		, etc. (Specify)	, mill,		, with	-		City or Town, State	9)		
COMPLETED	0000								e to the cause(e) end me e time, date and place, e			r(s) and menner as stated.
BE C	The Signature and Title of Certifie	R Kr. M	m			_	29c. LH	6/C	MBER	29d. D	ATE SIGNE	EO (Month, Day, Year)

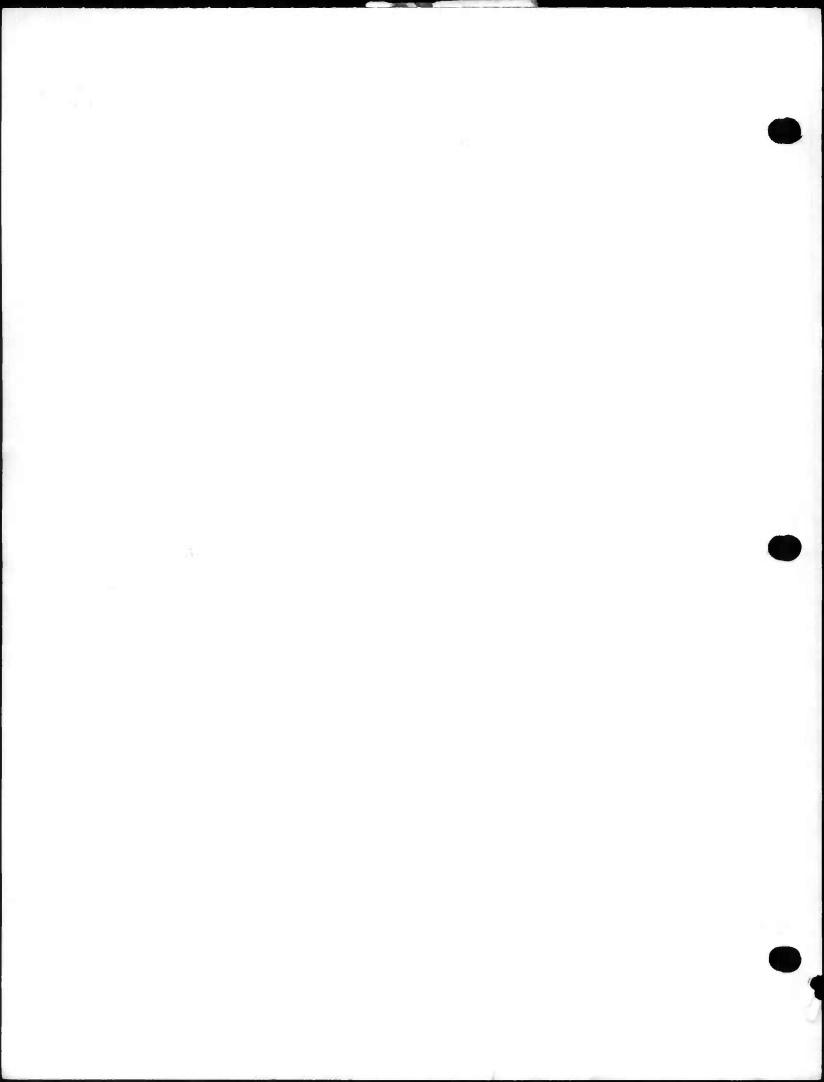
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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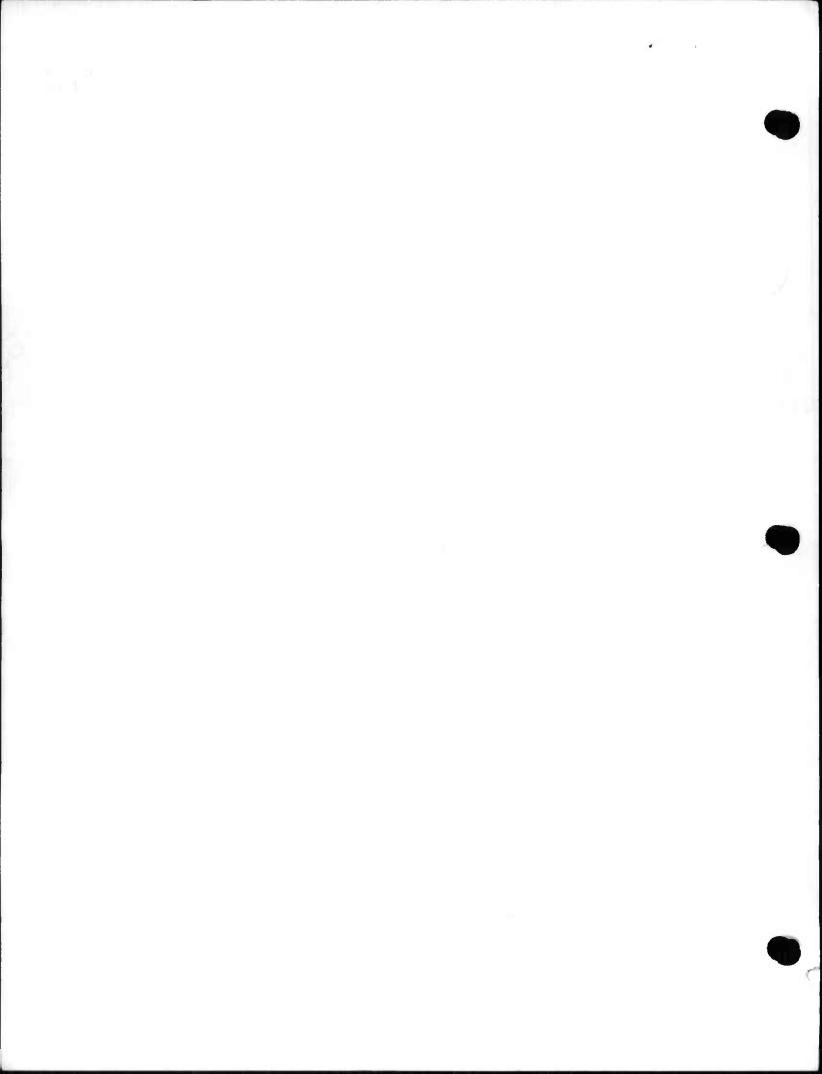
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32. REGISTRAR'S SIGNATURE
GENERAL DAVIDSON PROMOBEL



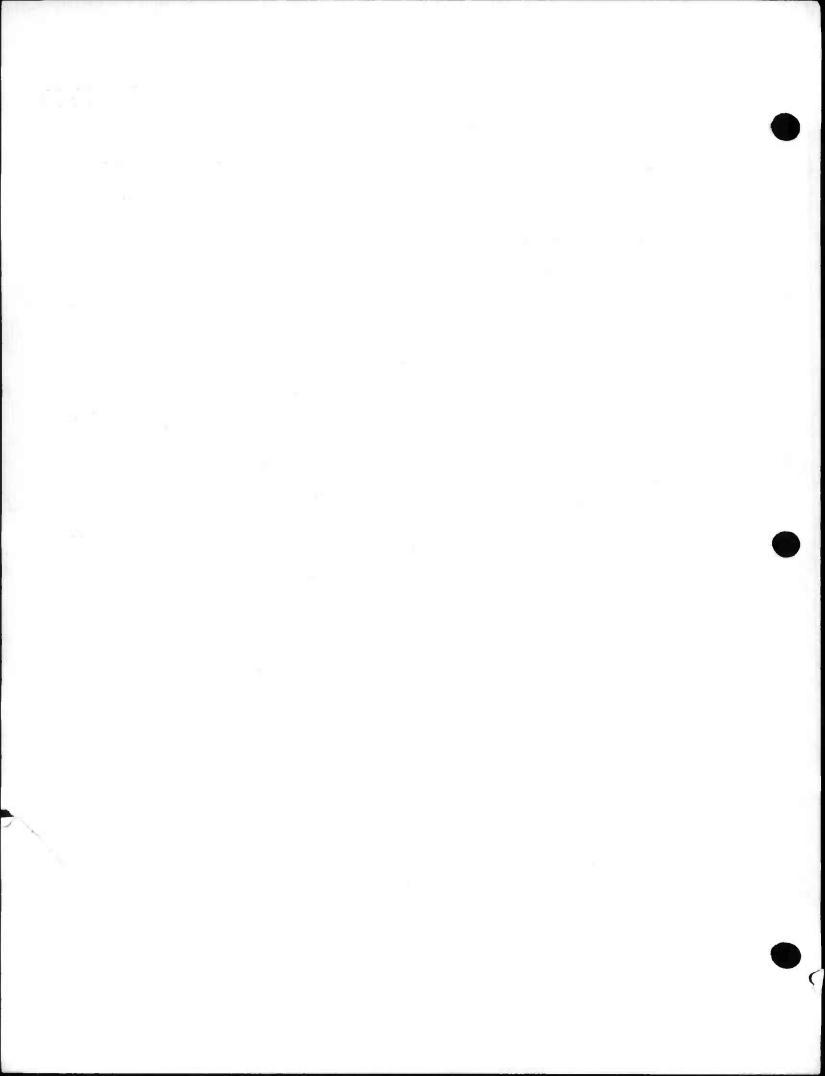
BALTIMORE, MARYLAND 21203-3146	age 6 may be retained by the hospital or attending prediction	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the functional physician and standard the physician price to hundred the property of pages 1, 2, 3 should be considered to the functional physician price to hundred the physician price to hundred the physician price to the physician price to the physician price to the physician price to the physician price to the physician physician price to the physician physic	or must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0 THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a modification after death. Page 6 may be retained by the hospital or attending preference.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	e filed within /2 nous are regain with the state begin, to regain and mental raylens prior to ourse, common, or convers. MPORTANT: if flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIFIC	ALE OF DEATH	REG. NO.					
)	1, DECEDENT'S NAME (First, Middle, Last) There says A. M.	C I	1. No Ne	2. DATE OF DEATH DA	Y YEAR				
		(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
			NTHS DAYS HOURS MIN.	(Month, Day, Year)	Cou	ew York			
	Se. FACILITY NAME (If not institution, give street and number)	91	CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH			
8	Wilson Health Care Center		Gaithersburg		Montgomery				
5	RESIDENCE OF DECEDENT								
H	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?			
0	New York Bronx	New 1	York City			1 K YES 2 NO			
A	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
8	3800 Independence Avenue		10463		U.S.A.				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. R/	ACE — American Indien, ack, White, etc.			
BY'FUNERAL DIRECTOR	1 Never Married 2 Merried FORCES? 1 YES		If yes, specify Cuben, Mexice 1 YES 2 X NO Specify	n, Puerto Rican, atc.)	Sp	octiv: Thite			
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S US	IIAL COCHBATION	16b, KIND OF BUS					
1	(Specify only highest grade completed)	(Give kind of world life, Do NOT use n	done during most of working	160. KIND OF BUS	INESS/INDUSTRI				
ا ت	Elementary/Secondary (0-12) College (1-4 or 5+)		•	Pharmac	oution1	}			
COMPLETED	12	Computer	Operator						
	17. FATHER'S NAME (First, Middle, Lest)			ME (First, Middle, Melden	Surneme)				
BE	Joseph Cullinane			t O'Brien					
2	19e. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural)						
ETIZABETH D. MUTPHY 20a_METHOD OF DISPOSITION 20b_PLACE OF DISPOSITION (Name of cemeter), cremetory or other place) 1 Addurted 2 Cremetten 3 Removal from State									
	4 Donation 5 Other (Specify)	Sate of Hea			thorne,	New York			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA DeVol Funeral						
	2222 Wisconsin Ave, NW, Wash., DC 20007								
	23. PART I. Enter the diseases, or complications that cause	d the deeth. Do not				Approximate			
	shock, or heert feliure. List only one ceuse on					interval Between Onset and Death			
	iMMEDIATE CAUSE (Fine) disease or condition	atre C	olon Concer			month			
	DUE TO (OR AS A CONSEQUENCE OF):								
_									
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate	A CONSEQUENCE OF):							
Ä	cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS	A CONSEQUENCE OF):							
F	resulting in death) LAST								
EDICAL	PART ii. Other aignificant conditions contributing to death	but not resulting in	the underlying cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음				1 [] YES 2	PHO	OF DEATH?			
ME						t 🗆 YES 2 🗆 NO			
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)					
Sic	1 TYES 2 NO 1 Inpatient 2 ER/Ou		THER: Nursing Home 5 - Reeldence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (28d. DESCRIBE HOW I	NJURY OCCURED)			
	1 Netural 5 Pending	11.007	M 1 YES 2 NO						
) BY	2 Accident	Y — Al home, farm, stre	et, factory, office	28f. LOCATION (Street City or Town, State)		rel Route Number,			
COMPLETED	4 Homicide determined	outy)		City of lown, State)					
E	29a. CERTIFIER (Check pale 1 CERTIFYING PHYSICIAN: To the best of my kno	wladge death occurred	at the time date and place, and due	to the cause(e) and me	nner as stated.				
MP	(Check only one) 2 MEDICAL EXAMINER: On the beele of examination					se(e) end manner ee stated.			
S			-2. O D1 A			= 10 Illino - 51 - 55 - 55 - 51 - 51			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MA	DISO		29d. DATE SIGI	NED (Month, Day, Year)			
0	No yourse	/ ~/		16	- 10	10//70			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D								
	0. 1 7 37 30 /2006	1 1/	** * * * *			10000			
	Stephen J. Newman, MD/1926		ry Village Ave	/Gaithersb	urg, Md	/20879			
	24 DATE EN ED (Month Der Ward 22 DECICTDADIS DIS			/Gaithersb	urg, Md	/20879			



rmit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO.	90	31784		
	LHU!	ROX MAGE				2. DATE OF DEATH	\$0 40	3. TIME OF DEATH 2758 M		
	219-64-3522	1 (M 2 □ F	35 YRS.	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-31-5	5 Mar	yland		
TOR	9a. FACILITY NAME (If not institution, give stree Washington Adve		_		on Location of DE		9c. COUNTY OF DE	ONTGOMERY		
FUNERAL DIRECTOR	106. STATE 106. COUNTY Maryland Pri	nce George		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
BAL	100. STREET AND NUMBER 821 Berkshire	Drive		10	1. ZIP CODE 20783		10g. CITIZEN OF W	HAT COUNTRY?		
BY FUN		☐ Never Married 2 Married FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES				IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14, RACE	- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Janitor									
BE COM	17. FATHER'S NAME (First, Middle, Last) Unknown 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Susie Worrell									
TO 8	198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21044 Gloria J. Claggett (Wife) 5375 Harpers Farm Rd., Columbia, MD 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of cometery, cremetory or 200. LOCATION — City or Town, State									
	20a. METHOD OF DISPOSITION 132 Burial 2 Cramation 3 Remove 4 Donation 5 Other (Specify) 21, SIGNATULE OF FUNERAL SERVICE LICEN	al from State	Lincoln	Park		y Ro	ckville			
	Choral S	Drow	Deu	SNOW	DEN FUN	ERAL HOM MD 20850	E, P.A.			
	23. PART I. Enter the diseases, or conshock or leart failure. Lit immediate CAUSE-Final disease or condition resulting in death)	Renal F	ach lina.			h as cardiac or respi	ratory arreat,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF		chcer					
MEDICAL	PART ii. Other significant conditions	contributing to death b	ut not resulting in	tha undarfyir	ng causa given in	Part i. 24a. WAS AN PERFOR	RMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	Variation of the second				
ВУ РНУ	27. MANNED OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN	JURY AT ORK? YES 2 NO	26d, DEŞCRIBE HOW	NJURY OCCURED			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		reet, factory, offi	ce	28t. LOCATION (Street City or Town, State)		loute Number,		
COMPLETED	(Crieck Orlly	AN: To the best of my know On the basis of examination			•			and menner as stated.		
TO BE C	Authority Day	ller	11)	29c, LICENSE NUI	MBER 726	29d. DATE SIGNED	(Morth, Day, Year)		
۲	Michael Hell	COMPLETED CAUSE OF DE	ONERN	MAY	CON	tere D	R. GRE	EMBERT MI		
	31. DATE FILED (NOVI) 05 '90	32. REGISTRAR'S SIGN	idion-Rando	00						



DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Sum Change (First, Middle, List) Sum Change Harra 2. Date of Death Month Day Year 8: 16 pm									
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	ISTH	8. BIRTHPL	ACE (State or Foreign	
	217-72-2462 1 XM 2 □ F	78	YRS.	ONTHS DAYS	HOURS MIN.	Oct.26	, 1912	Yokoh	ama, Japan	
	9a. FACILITY NAME (If not institution, give street and number)		9	b. CITY, TOWN C	OR LOCATION OF I			UNTY OF DEAT		
Œ.	Grosvenor Health Care Cent	ter		Bet	hesda		M	ontgom	erv	
DIRECTOR	RESIDENCE OF DECEDENT						12	Torregomery		
Ä	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10	d. INSIDE CITY	
ā	Maryland Montgomery		Ga	ithersh	ourg			1 TYES 2 X NO		
AL	10e. STREET AND NUMBER		101. ZIP CODE			10.1	10g. Ci	TIZEN OF WHA	T COUNTRY?	
FUNERAL	11029 Rutledge Drive			- 12	20878		Un:	ited S	tates	
5	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARI					pecify Yea or No-	14. RACE -	American Indian, /hita, etc.	
ВУ Р	1 Never Married 2 Married IF YES, GIVE W		0		ocify Cuban, Maxi- 2 NO Spec		, attacj	Specify:		
	3 Wildowed 4 Divorced								Oriental	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE:	VE kind of wor	BUAL OCCUPATION The done during months of t	ON st of working	16b. KIN	D OF BUSINESS/II	IDUSTRY		
Ë	Elementary/Secondary (0-12) College (1-4 or 5 +) ///e.								
MP	5		Sa	les			port-Exp			
8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S I	NAME (First, Middle	e, Maiden Sumame)			
BE	Jackson Chang				Kim Y					
5	19a. INFORMANT'S NAME (Type/Print)	100					ity or Town, State, 2			
	Alfred T.C. Chang	_							and 20878	
	20a, METHOD OF DISPOSITION 1 ◯XBurial 2 ◯ Cremation 3 ◯ Ramoval from State	other pla	ice)		metery, crematory o		20c. LOCATION -		11111111111	
	4 Donation 6 Other (Specify)	Gat	e of		Cemeter	У	Silver :	Spring	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Home /	Rockvi	lle. In	ert A	Pumphr	Funeral Montgomery 0-2805	
	Well & Baun	-d MO	0672	Avent	e, Rock	ville,	Maryland	1"2085	7-2805	
	23. PART I. Enter the diseases, or complications that	coused the da	ath. Do no	t enter the mo	de of dylng, au	ich aa cardiec	or respiratory a	rreat,	Approximata	
	ahock, or heert failure. Liet only one ceu IMMEDIATE CAUSE (Final	se on eech line							Interval Between Onset and Death	
	disease or condition	Intra	Cere	bral	Hon	arn ho	ae.			
	reaulting in death) a. DUE TO	(OR AS A CONSEC					0			
2										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	(OR AS A CONSEC	UENCE OF):				-			
8	Cause, Enter UNDERLYING CAUSE (Disease or Injury									
E	that initiated events	(OR AS A CONSEC	UENCE OF):							
ᇤ	resulting in death) LAST									
	PART II. Other aignificant conditions contributing to	deeth but not r	esulting in	the underlyin	g ceuse given	In Part I. 244	. WAS AN AUTOPS	y 24b. W	ERE AUTOPSY FINDINGS	
MEDICAL						PERFORMED?			MILABLE PRIOR TO OMPLETION OF CAUSE	
O.							YES 2 NO	٥	F DEATH?	
Ξ								1	YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL					21 1 1 1 1				
1 8	EXAMINER? HOSPITAL:			THER:	LACE OF DEATH (
=	1 YES 2 NO 1 input ant 2 ER/Outpetlent 3 DOA (Nursing Home 5 Residence 8 Other (Specify)									
IYSIC		27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DE\$CRIBE HOW INJURY OCCURED INJURY WORK?								
PHYSICIAN	27. MANNED OF DEATH 28s. DATE OF		286. TIME INJUI	RY WO	PRK?	200. 02.00111				
BY PHYSIC	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	ey, Ybar)	INJUI	M 1 🗆	YES 2 NO			2 12		
ВУ	27. MANNED-OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		INJUI	M 1 🗆	YES 2 NO	281, LOCATIO	N (Street and Numb	per or Rural Rou	te Number,	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or a	
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In yrs. last birthday) 4 YRS. 10c. CIT 10c.	Anna TY, TOWN OR LOCAT Annapo 13. WAS DEC If yes, ap 1 □ YES 3 USUAL OCUPATION Work done during motive retired.) G ADDRESS (Street of the street of	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE A POLIS TION Olis 1. ZIP CODE 21401 DENDENT OF HISPAN Socily Cuben, Mexicas 3. 2 DNO Specify ON OST of Working 16. MOTHER'S NA Mary and Number or Rural if te Road wretery, cremetory or emetery Clouces	IIC ORIGIN? (Specify Yeen, Puerto Rican, etc.) 16b. KIND OF BUS Annapo ME (First, Middle, Maiden Elizabeth Route Number, City or Tow Annapo CILITY Chap(ter St., 3	990 896 9c. COUNAN 10g. CITIL U or No— Simess/indo Cliss Surneme) 1 Se n. State, Zip Lis. Cation— napo	Utilities tter			
In yrs. last birthday) 4 YRS. 10c. CIT 10c.	FUNDER I YEAR MONTHS DAYS 9b. CITY, TOWN OF LOCAT Anna D 10 13. WAS DEC If yea, ap 1 YES 3 USUAL OCCUPATION Work done during months of the profited.) Centan G ADDRESS (Street of the profited of the	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE A POLIS TION Olis 1. ZIP CODE 21401 DENDENT OF HISPAN Socily Cuben, Mexicas 3. 2 DNO Specify ON OST of Working 16. MOTHER'S NA Mary and Number or Rural if te Road wretery, cremetory or emetery Clouces	IIC ORIGIN? (Specify Year, Puerto Rican, etc.) 18b. KIND OF BUS Annapo ME (First, Middle, Maiden Elizabeth Route Number, City or Tow Annapo 20c. Lo Annapo ter St., 3	10g. CITIL 10g. CITIL U or No— Siness/IND 1 Se 1 Se 1 State, Zio Lis, CATION— 1 a p o	Country) Pennsylvan: ITY OF DEATH ne Arundel 10d. INSIDE CITY LIMITS? 1			
10c. CIT N. U.S. ARMED 2 NO ATES 16e. DECEDENT'S (Give kind of v. ilva. Do NOT us FOR 19b. MAILING 6 9 D. PLACE OF DISPOS other place) Cedar B	Ps. CITY, TOWN OF LOCAL Annape 10: Was Dec 11: Was Dec 11: Was Dec 11: Was Dec 12: Was Dec 13: Was Dec 14: Yes 3: USUAL OCCUPATION Work done during modules retired.) Ceman G ADDRESS (Street of December 1) Bestga: Destrion (Name of ce 12: NAME A Taylo	DR LOCATION OF DE A POLIS TION OLIS 1. ZIP CODE 21401 CENDENT OF HISPAN Decify Cuben, Mexicas 3 2 CNO Specify ON ON ON AND ADDRESS OF FA OR FUNE GLOUCES	HIC ORIGIN? (Specify Yeen, Puerto Rican, etc.) 16b. KIND OF BUS Annapo ME (First, Middle, Meiden Elizabetl Pourte Number, City or Tow Annapo CILITY Chap(ter St.,)	oc. COUNTY TO SEE SUITE TO SEE	Pennsylvan: ITY OF DEATH ne Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 NO ZEN OF WHAT COUNTRY? S.A. 14. RACE — American Indian, Black, white, mic. Specify: White Utilities tter Code) MD 21401 City or Town, State lis, MD			
10c. CIT N U.S. ARMED 2 □ NO ATES 16e. DECEDENT'S (Give kind of ville. Do NOT us For 19b. MAILING 6 □ 9 D. PLACE OF DISPO- other place) C e d a r B d the death. Do sech lina.	Anna TY, TOWN OR LOCAT Annapo 13. WAS DEC If yes, ap 1 □ YES 3 USUAL OCUPATION Work done during motive retired.) G ADDRESS (Street of the street of	TION Olis 1. ZIP CODE 21401 CEDENT OF DEPARTMENT OF THE PROOF 16. MOTHER'S NA Mary and Number or Rural if the Road impetery, cremetory or emetery ND ADDRESS OF FA Or Fune Glouces	IIC ORIGIN? (Specify Yeen, Puerto Rican, etc.) 16b. KIND OF BUS Annapo ME (First, Middle, Maiden Elizabeth Foute Number, City or Tow Annapo 20c. Lo Ani CILITY ral Chapo ter St.,	oc. COUNTY TO SEE SUITE TO SEE	ITY OF DEATH ne Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 X NO ZEN OF WHAT COUNTRY? .S.A. 14. RACE — American Indian, Black, White, atc. Specify: White Utilities tter Code) MD 21401 City or Town, State lis, MD			
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d the death. Do rech lina.	Tayla 147	or Fune Glouces	ral Chape ter St.,	el Anna				
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petient 3 DOA	OTHER:							
28b. T/A	ME OF 28c. IN	IJURY AT		NJURY OC	CURED			
Y — At home, farm, icify)	, street, factory, offi	Ice			r or Rural Route Number,			
29s. CERTIFIER (Check only one) 29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated.								
		. 55			he ceuse(s) and manner es state			
	IY — At home, ferm	tpettent 3 DOA 4 Nursing Ho 28b. TIME OF NUTRY M 1 1 Y — At home, farm, street, factory, offective)	DOA OTHER: 4 □ Nursing Home 5 ☑ Residence 28b. TIME OF NUTRY NORK? 1 □ YES 2 □ NO Y — At home, farm, street, factory, office	testlent 3 □ DOA 4 □ Nursing Home 5 ☑ Residence 8 □ Other (Specify) 28b. TIME OF INJURY AT WORK? M 1 □ YES 2 □ NO 28f. LOCATION (Street city or Town, Stete)	topstlent 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 28b. TIME OF NURY AT WORK? 1 YES 2 NO 1Y — At home, farm, street, factory, office 28f. LOCATION (Street and Number City or Town, State)			

ava S 20
32. REGISTRAR'S SIGNATURE
Davidson-Randalle

NOV 0 7 1990

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerriours after death. Page 6 may be retained by 1	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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ed wit	отрів	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	even
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FOR STATE REGISTRAR	STATE OF MARYI		IENT OF HEALTH AN	D MENTAL HYGII	NE 9	0 31787		
1. OECEDENT'S NAME (First, M	AIRE L. COMBS			2. DATE OF DEATH	1 98	a. TIME OF DEATH P		
4. SOCIAL SECURITY NUMBER 026-22-076	1 1 M 2 X F	59 YRS. MO	UNDER 1 YEAR F UNDER 24 HR NTHS DAYS HOURS MIN	11 08	29 M	BIRTHPLACE (State or Foreign ASSACHUSETTS		
9a. FACILITY NAME (II not insti	R HOSPITAL CEN		BALTIMC		9c. COUNTY	OF DEATH		
10a. STATE MARYLAND	ANNE ARUNDEL		GLEN BUR	NIE		10d. INSIDE CITY LIMITS? 1 YES 2X NO		
100. STREET AND NUMBER 20 NEW JERS 11. MARRITAL STATUS	SEY AVENUE N.W		101. ZIP CODE 2106	1		S.A.		
3 Widowed 4 Divorce	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPANIC ORIGIN? (Specifi yea, specify Cuban, Mexican, Puerto Rican, et I Yes 2 XHO Specify:			. RACE — American Indian, Black, White, atc. Specify: VHITE		
(Specify only i			done during most of working tired.)		BUSINESS/INOUS			
12	die. Lest)	BOOKEEPI		CONSTRUCTION ER'S NAME (First, Middle, Melden Surname)				
ANTONIO	M. BLANCHET		EVE		ACINE			
HEATHER E			ORESS (Street and Number of Riv V JERSEY AV			21001		
20a METHOD OF DISPOSITIO 1 A Burial 2 Cremation 4 Donation 5 Other	(pacify)	other place)	ON (Name of cometery, crematory LL CEMETERY	В	LOCATION — CH	y or Town, State N PARK, MD.		
21. SIGNATURE OF PURPOSE	SEMMICE LICENSEE	fmens	RAYMOND C. 426 CRAIN	FINK FUR	NERAL E	HOME 21061 JRNIE, MD.		
shock, or her IMMEDIATE CAUSE (Fine disease or condition resulting in death)	DUE TO (OR AS	ERE BRAS A CONSEQUENCE OF):	DYCARDIA			t, Approximate Interval Between Onset and Death		
If eny, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurathat initiated events	Sequentially list conditions, If ony, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury C							
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	t conditions contributing to death	but not resulting in	the underlying cause give	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N/A		
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSBITAL:		26. PLACE OF DEATH	(Check only one)				
1 TES 2 THO	1 Dispettent 2 ER/Ou	rtpetient 3 DOA 4	THER: Nursing Home 6 Reside					
I The Lawrence of Lawrence	westigation) INJUR	WORK? M 1 YES 2 NO	28d. DEŞCRIBE HO	DW INJURY OCCU	REO		
	could not be 28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, stre pecify)	et, factory, office	261, LOCATION (Sti City or Town, S		Rural Route Number,		
Torrack only	FYING PHYSICIAN: To the best of my knot call EXAMINER: On the basis of examinal							
296. SIGNATURE AND TITLE		. 0 .	29c. LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year) 11/01/90			
III A	PERSON WHO COMPLETED CAUSE OF I		OVER ST BA	LTIMORE	no .	21230		
31. DATE FILED (Month, Day, Y	ber) 9 32. REGISTRAR'S SI							

Tell on Von

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE,	BALTIMORE, MARYLAND 21203-3146	
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modes after death. Page 6 may be retained by the hospital or attending physician.	Medius after death. Page 6 may b	e retained by the hospital or attending physician.	
. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1, 2,43 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	illed in by the funeral director, pag n, or removal.	e 5 should be detached for use as the burial-transit perm	nin Pages 1, 2,3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-10 in after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cromation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO			
100	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY Y	3. TIME OF DEATH	
	John W. Carver	•				10-30-90		MOTI .	м
Ŋ.			(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign	\dashv
2	220 07 0700	1 x M 2 □ F 7 8			YS HOURS MIN.	02-24-12	W	lashington,	- 1
NG.	90. FACILITY NAME (If not institution, give street and number) North Arundel Hospital			9b. CITY, TOWN OR LOCATION OF DEATH Glen Burnie				Anne Arundel	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
Ē.		2 2 - 1						10d. INSIDE CITY LIMITS?	- 1
	MD Anne Arundel			cowns	7 L L L C 10t. ZIP COOE			1 TYES 2 TO NO	\dashv
₹								N OF WHAT COUNTRY?	- 1
9	355 Kyle Road				21032		US		\dashv
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3. Was occedent ever in u.s. AF FORCES? 1 YES 2 SI IF YES, GIVE WAR OR DATES						e or No 14	I. RACE — American Indian, Black, White, etc. Specify: White	
	15, DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCU	PATION	16b, KIND OF BU	SINESS/INDIJS		
	(Specify only highest grade or	ompleted)	(Give kind of	work done durings retired.)	ng most of working	100.10.10	01112007111000		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mach	iniat		II C	Gov'	+	_
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	I Macil.	LIIISL	18. MOTHER'S N	AME (First, Middle, Maiden		L 0	\dashv
				Nellie E. Jackson				con	
H	July 102			AILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					\dashv
2	John Robinette					ownsvill			
1	200. METHOD OF DISPOSITION				of cemetery, crematory or			y or Town, State	\dashv
	1 Donation 6 Other (Specify)	ral from State	other place)			Cem. S			
	21. SIGNATURE OF FUNERAL BENVICE LICE	MSEE /	Washin	22. NAI	ME AND ADDRESS OF F	ACILITY			\neg
	Dall A	all				uneral H			
	23. PART i. Enter the diseases, or co ahock, or heart feilure. Li	mplications that caus	ed the deeth. Do	not enter th	mode of dyling, au	ch aa cardlec or reep	iretory arrea	t, Approximata	915
	immediate cause (Finel				A			Onset and De	
	disease or condition	Car	diae (artes	et -				
	resulting in deeth) DUE TO (OR AS A CONSEDUENCE OF):								
z	SEPSIS -SHOCK.								
2	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):	1 211-01	285 54MD	0-111		
S	CAUSE (Disease or injury				7 91376	ess 37100	Kong E	,	
E	that initiated eventa resulting in death) LAST	OUE TO (DR AS	A CONSEDUENCE	OF):					
H	d.								
EDICAL CERTIFICATION	PART ii. Other algnificant conditions	contributing to death	but not reaulting	in the unde	rlying ceuse given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDIN	VGS
3	PERFORMED?							MAILABLE PRIOR TO COMPLETION OF CAUS	E
9						I D YES	2 NO	OF OEATH?	1
Σ						—		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
2	EXAMINER? HOSPITAL: OTHER:								
₹	27. MANNER OF DEATH	1				28d. DESCRIBE HOW	W INJURY OCCURED		
	1 Natural 5 Pending	(Month, Day, Year	(Month, Day, Year)		WORK?				
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY At home, farm,				26t, LOCATION (Street and Number or Rural Route Number,		\dashv	
	4 Homicide 6 Could not be	building, etc. (S					ty or Town, State)		
	290. CERTIFIER	20a CEDTIEIED							
COMPLETED	(Check only	IAN: To the best of my kn							.
8		2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and menner se state							-
B	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Mon						SIGNED (Morith, Day, Year)		
5	TO NAME AND ADDRESS OF STREET	COMPLETE	DEATH (INDA)	- But-in	10-1	170		11110 -	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty)	oe, Print)					
	24. BARCON ED GALLAND COLO.	ties projects (4)	n na e e e				<u> </u>		
	31NOV 10 1990 July	Charleson has	DRIVE ONE						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the me
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	1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMI CERTIFICA			MENTAL HYGII		90 31	789
al	1. DECEDENT'S NAME (First, Middle, Last)	DAVID ALLEN COMPET				2. DATE OF DEATH	DAY 3	SEAR 3. TIME OF	15 AM
	4. SOCIAL SECURITY NUMBER 215-96-1615	5. SEX 1 M 2 P	YRS. MONT	Y.	HOURS MIN.	7. DATE OF BIRTH (Month, Day Wear	180	8. BIRTHPLACE (State Country) Maryland	or Foreign
TOR	9a. FACILITY NAME (If not institution, give a UNIVERS) RESIDENCE OF DECEDEN	of Maylon	PHoso	Bac	fime	e ME	0	altimore	City
FUNERAL DIRECTOR		merset	10c. CITY, TO	S FIEL	on O			10d. INSIDE LIMITS 1 TYES	7 2 (NO
ERAL	106 COVE	st		101,	ziř cooe 21817		10g. CIT	USA	RY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S FORCES? 1 _ YES 2 IF YES, GIVE WAR OR DATES	THO .		city Cuban, Mexicar	IC ORIGIN? (Specify n, Puerto Ricen, etc.)		14. RACE — American Black, White, etc. Specify:	Indian,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade (Specify only highest grade (12) Elementary/Secondary (0-12) Children's Traini	completed) College (1-4 or 5 +)	Give kind of work of the Do NOT use retire	fone during mos red.)	t of working	************	Insti	tution	
OM	17. FATHER'S NAME (First, Middle, Last)	ig 110gs (HD)	-			ME (First, Middle, Mai	den Surname)		
BE C	Kenneth M. Coo	per			Mildr	red Cohee			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rural R	loute Number, City or	Town, State, Zip	Code)	
F	Kenneth M. Coo		Same	as #	10 a b c				
	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Ran 4 Donation 5 Other (Specify)		ACE OF DISPOSITION of place) Odd Fello	ws Cen	etery		amden.	DE DE	
	21. SIGNATURE OF FUNERAL SERVICE LI	Buller	U	E		& Sons F		Home	21817
	23, PART I. Enter the diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause on each	ina.			es cerdiec or re	epiratory an	interv	oximete rai Between t and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A COM							
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition Enterococc	ns contributing to death but n			j ceuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOI AVAILABLE F COMPLETION OF DEATH? 1 YES	PRIOR TO N OF CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chi	eck only one)			
SIC	EXAMINER?	HOSPITAL:		HER:		8 Other (Specify)			
ΉX	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HO	W INJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? 'ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, street	t, fectory, offic		28f. LOCATION (St. City or Town, S		r or Rural Route Number,	
COMPLETED	torious priny	SICIAN: To the best of my knowledge ER: On the basis of examination and							r as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Relation	40		29c. LICENSE NUN	ABER SSO	29d. DAT	E SIGNED (Month, Day,	Year)
5		NO COMPLETED CAUSE OF DEATH			54	2120	/	11	
	31. DATE FILED (Month, Day, Year) NOV - 7 '90	32/REGISTRAR'S SIGNATUR Julia Davids	ne Pandell	•	7				

The grant was (LL). philipping a 'mdelle. indeed . . its o as and the designed because the That I was not not a second a water and the second as the

TO BE COMPLETED BY FUNERAL DIRECTOR

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王	作別	M Pa	DATA
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bundle, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami
			_

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL I	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT O		IENTAL HYGIENI REG. NO.	E -	3179
1. DECEDENT'S NAME (First, Middle, G.	race S.L.	Chi		2. DATE OF DEATH MONTH - 30-91	YEAF	3. TIME OF DEATH 5:53PM M
4. SOCIAL SECURITY NUMBER 455-90-6227 90. FACILITY NAME (If not institution,	1 🗆 M 2 💢 F	59 YAS.	YS HOURS MIN	7. DATE OF BIRTH (Month, Day, Year) DEC. 25, 1	Co	RTHPLACE (State or Foreign unitry) INA
	o Underwood St		Riverdale	SIH		Georges Co.
10a, STATE 10b. Ct		10c. CITY, TOWN OR L	OCATION NIVERSITY	PARK		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6600 44th	AVENUE		101. ZIP CODE 20782	2	109. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ANO If ye	DECENDENT OF HISPANI s, specify Cuban, Mexican YES 2 NO Specify:	, Puarto Rican, atc.)	В	ACE — American Indian, lack, Whita, atc. CHINESE
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	B EDUCATION grade completed) College (1-4 or 5+) 5+	16a. DECEDENT'S USUAL OCCU (Give kind of work done durin itte. Do NOT use retired.) AGENT	PATION g most of working	15b. KIND OF BUS		
17. FATHER'S NAME (First, Middle, La. HUN JI H			18. MOTHER'S NAM	AE (First, Middle, Maiden SHU JEE	Surname)	
190, INFORMANT'S NAME (Type/Print) RUEY K. CHI	(HUSBAND	196. MAILING ADDRESS (SI		THE PERSON NAMED IN COLUMN		RYLAND 20782
20s. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 C 4 Donation 5 Other (Specify,		PLACE OF DISPOSITION (Name other place) OAK HILL CEMET	ERY	NY.	ACK, NE	W YORK
21. SIGNATURE OF FUNERAL SERVI			NCIS J. COI UNIVERSITY			E, INC. SP., MD 2090
	u, or complications that cause of lure. List only one cause on a Multiple i	ach lina.	i moda of dyling, auch	a a cardiac or reapi	ratory arreat,	Approximate interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	۵	CONSEQUENCE OF):				
PART II. Other eignificant con	ditione contributing to death b	ut not resulting in the unde	riying cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? XXES 2 \(\sqrt{\text{NO}}\) NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 \(\square\) NO	HOSPITAL:	OTHER.	26. PLACE OF DEATH (Che		Scene	
27. MANNER OF DEATH 1 Netural 5 Pending	25a. DATE OF INJURY (Month, Day, Year) 10-30-90	28b. TIME OF 28	c. INJURY AT WORK?	25d. DESCRIBE HOW I		ck by auto
Suicide 8 Could r 4 Homicide detarmi	28e. PLACE OF INJURY building, atc. (Special		Road	251. LOCATION (Street City or Town, State) Wells Pkwy	y. to U	nderwood St.
	PHYSICIAN: To the best of my know					
296. SIGNATURE AND TITLE OF CE	Jught		29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year) 31–90
DONALD WRIGHT	ON WHO COMPLETED CAUSE OF DE , MD		Street,Balt	imore,MD	21201	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN					

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
٥	D THE HOSPITAL OR	D THE FUNERAL DIR	MPORTANT: If Iter	
		- 0	=	ı

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENE REG. NO.	20	3175
1. DECEDENT'S NAME (First, Middle, Las	. Cem	IE LEE C	LEMONS		Y.	DEATH 11/2/90	90	ME OF DEATH 7:
579-44-0007			UNDER 1 YEAR NTHS DAYS	HOURS MIN.	(Month, L	30,1914	Country)	BAMA
99. FACILITY NAME (If not institution, give		96		RLOCATION OF DE	EATH		Y OF DEATH	EORGES
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN		10c. CITY, TO	OWN OR LOCAT			1 11/17		INSIDE CITY
MD. PR	INCE GEORGES		LLEGE I				1 5	LIMITS? YES 2 NO
8103 51st	AVE.		107.	20740		12.5	S.A.	COUNTRY?
11. MARITAL STATUS Never Married 2 Merried Merrie	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO		NDENT OF HISPAN city Cuben, Mexico	n, Puerlo Ric	Specify Yea or No- 1		merican Indian, ite, atc. BLACK
15. DECEDENT'S El (Specify only highest gra Elementary/Secondery (0-12)	OUCATION de completed) College (1-4 or 8 +)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use rei	done during mos stired.)	N It of working	16b. K	IND OF BUSINESS/INDU		× ,
7. FATHER'S NAME (First, Middle, Lest)		DOMEST	IC	18. MOTHER'S NA	ME (First Mic	PRIVATE	HOMES	5
JOHN JOHN	BARNETT				LINA	AGKNE	EW	
9a. INFORMANT'S NAME (Type/Print)			The state of the s		12	City or Town, State, Zip C	Code)	
DERWIN CLEN			AME AS		#10	Tan-100		
Rea. METHOD OF DISPOSITION M Burlel 2	moval from State	other place) MARYLAN		NAL CEM	ETERY	LAUREL		State
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	a as an 1-5-4-10 14.14		D ADDRESS OF FA		24:01000)	2.777.9	7.7
1 2/10/11	Sampuelle	M00091	W. W.	CHAMBE	RS CO	RIVERI	TALE	MD.20737
Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	× × ×	FUNGER	5) (1)	17		
PART II. Other significant conditions and the significant conditions are significant conditions. The significant conditions are significant conditions.	ons contributing to death		ha undarlying	cause given in		4e, WAS AN AUTOPSY PERFORMED?	AVA COR OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH?] YES 2 X NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	neck only one)			
1 YES 2 NO	28a. DATE OF INJURY	petient 3 DOA 4 (Nursing Home	6 Residence	T	Specify) RIBE HOW INJURY OCCU	JRED	
1 Natural 6 Pending Investigatio	(Month, Day, Year)	INJURY	Y WO	RK7 ES 2 NO	1,112,5			
3 Suicide 6 Could not 8 determined	26s. PLACE OF INJUR	Y — At home, farm, street	et, factory, office			ION (Street and Number of Town, State)	or Rural Route	Number,
anal	VSICIAN: To the best of my NER: On the basis of exercises	1						I manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	1-4 mi	5		29c. LICENSE NU	MBER 9/0	29d. DATE	SIGNED (Mo	nth, Day, Year)
4700 - BERW	YN HOUSE	RD CE	11 29e	PK	MÀ	2.740		
31. DATE FILED (Month, Day, Year) NOV 0 7 '9(32. REGISTRAR'S SIG	NATURE MANdel	2					

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BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within curs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	anc	filled in	е ше
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, th
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31. DANOVLED (MOPIN, 190-01)

REGISTRAR			MENT OF HEALTH AND ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Caa		11 COLEMAN	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
George Coleman 4. social security Number 214-09-2362	5. SEX 6. AGE (In	yrs. list birthday) IF YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	11 5 7. DATE OF BIRTH (Month, Day, Year) 10-12-18	397 Bea	HPLACE (State or Foreign try) Ver Creek
96. FACILITY NAME (If not institution, give street		96	Boonsboro	DEATH	Washing	
10e. STATE 10b. COUNTY	shington		gerstown			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 827 Maryland A			101. ZIP CODE 21740		U.S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 [X] YES IF YES, GIVE WAR OR DATE W. W. 1 Ar	TES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	or No 14. RAC Blac Spec	CE — American Indian, ck, White, etc. city: White
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Labor	done during most of working		e Factor	·y
17. FATHER'S NAME (First, Middle, Leet) George Harry Co	leman			Ame (First, Middle, Meiden Annie Byers		
19a. INFORMANT'S NAME (Type/Print) Adolph Jones 204, METHOD OF DISPOSITION	Lank	829 Mar	press (Street and Number or Rura ryland Avenue ON (Name of cometery, cremetory or	Hagerstown		
1 Denetion 8 Other (Speelly) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State Res	other place) st Haven	22. NAME AND ADDRESS OF F	Hag	erstown,	Maryland
>	1		415 E. Wilso		h Funera gerstown	
23. PART I. Enter the diseases, or co shock, or heert fellure. L			enter the mode of dving, eu	ch as cardiac or mani	ratory arrest.	I Americant make
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ASCV	CONSEQUENCE OF):		on es cordisc or respi		Approximete Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition	DUE TO (OR AS A	D		on es cordice of resp.		Interval Between
iMMEDIATE CAUSE (Finel disease or condition requiting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	the unserlying cause given i		AUTOPSY 24	Interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in t	28. PLACE OF DEATH (CTHER:	1 Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	Interval Between Onset and Death Death
Sequentially list conditions, if any, leading to immediate cause. Enter UND ERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in t	28. PLACE OF DEATH (CT) Pursing Home 8 Residence	1 Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24 IMED2	Interval Between Onset and Death Death
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide 8 Could not ba determined	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the strength of the st	28. PLACE OF DEATH (CT HER: Nursing Home 3 Residence Residence 1 WORK? M 1 YES 2 NO	Part I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY 24 IMED? INO NJURY OCCURED	Interval Between Onset and Death Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not ba determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A EXAMPLE OF INJURY DUE TO (OR AS A DUE	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the strength of the st	28. PLACE OF DEATH (CT HER: Nursing Home 3 Residence Residence 1 WORK? M 1 YES 2 NO	Check only one) 24a. WAS AN PERFOR 1 YES 2 Check only one) 26d. DESCRIBE HOW I 28f. LOCATION (Street of City or Town, State)	AUTOPSY 24 IMED2 IMED2 IMENO NJURY OCCURED and Number or Rural	Interval Between Onset and Death Ib. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

P. O. DX 246

F. O. DX 246

ALEXANDER OF THE PROPERTY OF THE P

DIVISION OF VITAL RECORDS, P.O. BOX 13149,	BALLIMORE, MARTLAND
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	hinours after death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	tely filled in by the funeral director, page 5 should be detached mation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	it, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N		ERTIF					MENIA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Charles McK	inley Ch	avis						NO	vember	6.1	990	Early , M
ΛI	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
1	577-03-9571	1XX M 2 - F	94	YRS.	MONTHS	DAYS	HOURS	MIN.		21.18	96	Tenne	
1	9e. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	r, TOWN C	R LOCATION	ON OF DE				TY OF DE	
8	Rt 1						Fai	rpla	u		(Vashi	naton
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT								9				
H	10s. STATE 10b. COUNTY	, ,		10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
ā	THE STATE OF THE S	ince Geo	rges		<u>u</u>		. Mar		0				1 YES 2 NO
A	10s. STREET AND NUMBER					101	, ZIP COD				10g. CITI	ZEN OF WI	HAT COUNTRY?
E I	Box 18501 Clas	gget Lan	dina Rd					2077	2			u.s.	A
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED						1? (Specify Yas Rican, etc.)	or No-	Black	- American indian, White, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	MAR OR DATES				2 X NO					Specify	hite
	15. DECEDENT'S EDUC	47:04	40. 5	ECEDENT'S	1101111 0	0010171			1 401	, KIND OF BUS			ruce
1	(Specify only highest grade	completed)	S	Give kind of a. Do NOT u	work done	during mo	st of worldi	ng	100	KIND OF BU	SIME 22/IND	USINI	
凒	Elementary/Secondary (0-12)	College (1-4 or 5	+)		lesm					Aut	omobl	80	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				,000	OG/ L	44 1407	HED-C NA	ME (First	Middle, Meiden		CE	
		t M. Char	vis				16. MOT	HEN S NA		ty B.			
BE	19a, INFORMANT'S NAME (Type/Print)	o inter-		Oh MAILIN	ADDRES	@ /Street s	and Number	or Rumi I		ber, City or Tow	_	Code)	
2	Paddy Zollinhoke									earwat			21602
	20a. METHOD OF DISPOSITION	<i>t</i>	20h BLACI	E OF DISPO					1 11			City or Tow	
	1 Burlel 2 Cremetion 3 Remo	wal from State	other p	place)			23.72	-01					
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,	Smith	3 DWL	NAME A	ND ADDRE	SS OF FA	CILITY		mun.	sburg	.Ma.
		0)		-		is Fi			omo			
	Tenno X	~ ~	eve	2		R+	3 Ra	y 78	Smi	thsbur	a Md	217	83
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arter	ioscler	otic	Hear				h ss car	disc or resp	ratory sri	rest,	Approximata interval Between Onset and Death
z		DUE 10	OR AS A CONS	EOUENCE (F):								
CATIO	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	OR AS A CONS	EOUENCE (PF):								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE (NF):								
	PART II. Other significant condition	e contribution to	death but est	requitie	in the	nderiul	O COURC	alves I-	Dari I	24a, WAS AN	AITTOREV	241	WERE AUTOPSY FINDINGS
CAL	PART II. CHICK SIGNICATION	- continuoting to	J GOGLIN DOT NOT	resulting	m use u	noonym	y cause	given in		PERFO	RMED?	1000	AMILABLE PRIOR TO COMPLETION OF CAUSE
입											22)		1 YES 2 NO
Σ									_				
NA	25, WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (C)	eck only o	nne)			
HYSICIAN:	EXAMINER?	HOSPITAL:	□ EB/Outpetient	3 □ DOA	OTHE	R:				er (Specify)			
¥	27. MANNER OF OEATH	28a, DATE O		28b. TI			JURY AT	BRIGHTO	_	SCRIBE HOW	NJURY OC	CURED	
0.	1 Natural 8 Pending		Day, Year)	115	JURY	W	YES 2	□ NO	- 4.0				
ВУ	2 Accident Investigation 3 Suicide B Could not be	28e. PLACE	OF INJURY — At I	home, farm,	street, fo				281. LO	CATION (Street	and Numbe	r or Runal R	oute Number,
ED	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)	ace Albert					Ch	or Town, State			
	290, CERTIFIER												
COMPLE	(Check only one) 1 CERTIFYING PHYSI ONE) 2 MEDICAL EXAMINE												and manner as stated.
1	29b. SIGNATURE AND TITLE OF CERTIFIED	-	. 11	10				ENSE NU					(Month, Day, Year)
BE	and didnarone and life or centrio	- W	1/18	4							ANG. DAT		
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	USE OF DEATH (IT	EM 27) (74	e. Print)	_		1126	6	_		11/7	7/90
				*								1710	
	Howard N. Weeks	Malla	J&U Nor	nterr	Ave		ager	STOW	m Ma	ryland	2	1740	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR		C	ERTIF	ICAI	IE UF	DEAL			REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)								2. DATE O				3. TIME OF GEATH
JOSEPHINE GENEY	IEVE DA	ILEY						монтн 1 1	09		YEAR	/:30 P™
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. le	st birthday)	IF UND	DER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF	BIRTH	1	8. BIRTI	HPLACE (State or Foreign
214-07-1343	1 □ M 2xx F	80	YRS.	MONTH	S DAYS	HOURS	MIN.		Day, Year)	010	Count	m insylvania
9a. FACILITY NAME (If not institution, give at		00		9b. Cl	TY, TOWN O	R LOCATION	N OF DE		0,1		NTY OF E	
SACRED HEART HO	CDTTAT			CT	דמים מאת אורים מאת	CIAA	MD			ATT	TOA	1777
RESIDENCE OF DECEDENT	BETTAL			l Ct	JMBERI	LAND,	MD			ALL	LEGA	NY
10s. STATE 10b. COUNTY	•		10c. CIT	Y, TOWN	N OR LOCATI	ION						10d. INSIDE CITY LIMITS?
MARYLAND ALL	EGANIJ		C	имв	ERLA	ND						1 X YES 2 NO
10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CITI	ZEN OF	WHAT COUNTRY?
235 PACA STREET						2150	2			us	5A	
11, MARITAL STATUS	12. WAS DECEDEN			1	3. WAS DECI	ENDENT OF	HISPAN				14. BAC	E American Indian,
1 Never Married 2 Married		MAR OR DATES	Íио			ecity Cuben, 2X NO			ean, etc.)		Spec	k, White, etc.
3 X Widowed 4 Divorced	12 30 30113											WHITE
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	16a, C	ECEDENT'S	USUAL	OCCUPATIO	ON et of workloa		16b. P	UNO OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		fe. Do NOT u	se retired	d.)	or or working						
7			HOME	MAK	ER				HOME			
17. FATHER'S NAME (First, Middle, Lest)						16. MOTHE	ER'S NA	ME (First, Mi	idle, Malden	Surname)		
STEVE REPA						BE	RTH	A KE	NSEK			
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRE	ESS (Street a	nd Number o	or Rural F	Toute Numbe	, City or Tow	n, State, Zic	Code)	0 5 7 1 1 1 1
MARU LUNN MAROH	in		316	PRI	NCE	ST,	#2-	ALEX	ANDR	IA, \	1A 2	22314
20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	_	(Name of cen				_	CATION -		
1X Buriel 2 Cremetion 3 Rame	oval from State	SS.		R	& PAL	11. C1	EME	TERII	CID	IBER	1.4 N	D, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		2 2 2 2		22. NAME AN				1000	DE		2 ,
Whendy & 7	Joshum	1		(GEORG	2 T 1/1	DCH	HOGH	FILNI	FRAI	HO	ME, P.A.
11911000 116									-			
23. PART I. Enter the diseases, of	complications the	nt caused the	leath. Do		202 6	GREEL	NE .	ST.C	UMBE1	RLAN	D.M	D 21502
23. PART I. Enter the diseases, of shock, or heart failure.	complications the	at caused the cuse on each lin	death. Do		202 6	GREEL	NE .	ST.C	UMBE1	RLAN	D.M	D 21502 Approximate Interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final	complications the	at caused the cuse on each ili	death. Do		202 6	GREEL	NE .	ST,C	UMBE1	RLAN iratory an	D, M	D 21502 Approximate
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s. BIRTHPLACE (State or Foreign Country) Rhode Island

BALTIMORE, MARYLAND 21203-3146

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

039-22-0671

	- None
e,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	8
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	9a. FACILITY NAME (If not institution, give	atreet and number)		91	L CITY, TOWN	OR LOCATION OF DE	ATH	9c.	COUNTY	OF DEATH	
RECTOR	Sacred Heart Hon	ne			Hyatt	sville		P	rince	e Geo	orge's
5	RESIDENCE OF DECEDENT										
5	Maryland Mor	ntgomery			h Poto						LIMITS? YES 2 XNO
- ONE-LIVE	100. STREET AND NUMBER 11501 Pleasant M	Meadow Driv	ve		10	f, ZIP CODE	878		nite		country?
5	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAI	YES 2X	ARMED XNO	If yes, sp	cendent OF HISPAN pecify Cuban, Mexica 3 2 MNO Specify	n, Puerto Ric	(Specify Yea or N	lo— 14.		merican Indian, Ita, etc.
רכוכה	15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			OECEDENT'S US (Give kind of worldle. Do NOT use n	k done düring mo etired.)			IND OF BUSINES			
COMPL	Unavailable		T	our Gui	.ae			eservat		Socie	ty
3	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA		idie, Maiden Surn	ame)		
20	John Egan					Mary R	eilly				
	19e. INFORMANT'S NAME (Type/Print) Margaret C. Pane	ciera				and Number or Aurel t Meadow					20878 c, MD
	20e. METHOD OF DISPOSITION 1	Acres and a	other	e of disposition of piece)		metery, cremetory or		20c. LOCATIO	-		Marylan
	21. SIGNATURE OF FUNERAL SERVICE I	, //			22. NAME A	ND ADDRESS OF FA	servi				
	23. PART I. Enter the diseases, D	- //	7			Gist Aven					20910
DICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the condition of the cause of the caus	d.	OR AS A CONS	SEOUENCE OF):			Part I. 2	24a. WAS AN AUT PERFORMED 1 U YES 2	D?	AVA.	RE AUTOPSY FINDING ILABLE PRIOR TO WPLETION OF CAUSE DEATH?
							- [10	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	PLACE OF DEATH (C)	heck only one))			
YSI	1 TYES 2 TYNO	1 Inpatient 2 I				ma 5 - Realdence					
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, De		28b. TIME	Y W	JURY AT ORK? YES 2 NO	28d. DESC	RIBE HOW INJU	RY OCCUR	ED	
ETED E	3 Suicide 8 Could not 8 4 Homicide determined		FINJURY — At etc. (Specify)	home, farm, atr	eet, factory, offi	ce		TION (Street and in Town, State)	Number or I	Rural Route	Number,
COMPLE	(Crieck Only	YSICIAN: To the best of a								suso(a) and	d manner as stated
BE	29b. SIGNATURE AND TITLE OF CERTIF	HANDLER PH	HD.			29c. LICENSE NU D2633	1	29	DATE SE	IGNED (Mo	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON OF MARTA ANNES	WHO COMPLETED CAUS	E OF DEATH (S40/1	MACAR	THUR BLUE	MI	WAH	DCa	2001	6
	31. DATE FILED (MONTO DOLY YORK)	32. REGISTRAL	a Savida	-							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

Egan Doyle

6. AGE (In yrs. last birthday)

93

Helen

1 - M 2XXXF

6. SEX

2. DATE OF DEATH MONTH

7. DATE OF BIRTH
(Month, Day, Year)
April 13, 1897

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

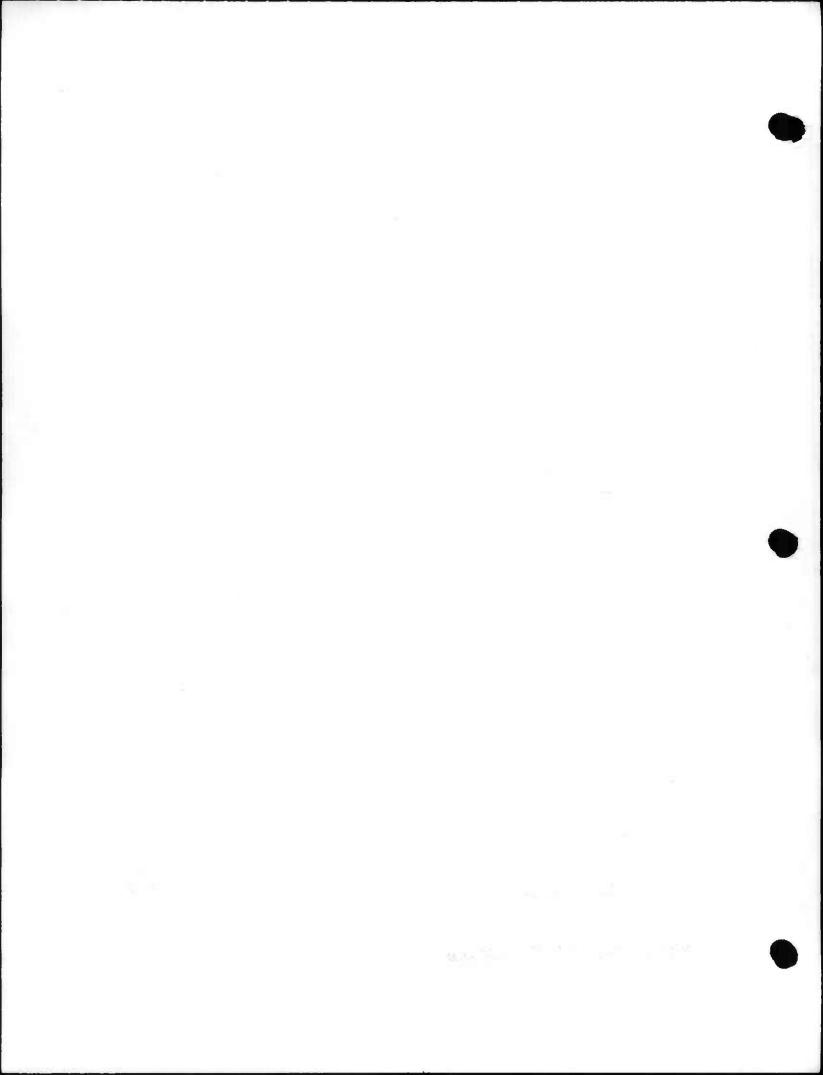
	REGISTRAR	C	ERTIF	ICATE OF	DEATH	REG. NO),		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATN	DAY	YEAR	3. TIME OF DEATH
	FLORENCE DEICH					11 0	3	90	12:41 P M
1	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTN	IPLACE (State or Foreign
	217 18 5701 ¹□ M² 😾 ¹	69	YRS.	MONTHS DAYS	HOURS MIN.	03 08 21		Country	".
	9e. FACILITY NAME (if not institution, give street end number)	05		Oh CITY TOWN	OR LOCATION OF DE		I so cou	NTY OF D	de Island
~				·					
0	North Arundel Hospital			Gren	Burnie, M	laryland	Ann	e ar	undel
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			1	10d. INSIDE CITY
<u>e</u>		_							LIMITS?
51	Maryland Anne Arunde	1	Mil	lersvil	1 e of, ZIP CODE		T 40 . OIT	750 05 0	1 TYES 2 T NO
MA I		1							WHAI COUNTRY?
FUNERAL DIRECTOR	28 Rol-Park Trailer Vil				21108		U.S		
5	COROLLO	DENT EVER IN U.S. A			CENDENT OF NISPAN specify Cuben, Mexica	IIC ORIGIN? (Specify Yor. Puerto Rican, etc.)	s or No-	14. RACE Black	E — American Indien, k, While, atc.
BY		E WAR OR DATES			S 2 NO Specify			Speci	
									hite
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. C	Give kind of	USUAL OCCUPA work done during i se retired.)	TION nost of working	16b. KIND OF B	JSINESS/INC	DUSTRY	
9	Elementery/Secondary (0-12) College (1-4 or	(5+)							
COMPLETED	8	ET	ectri	cal Ins	pector	Westin	ghous	е	
ᅙ	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Maide	n Sumame)		1
BE	Mathew Goff				Lillia	n			
	19e. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS (Street	t end Number or Rural i	Route Number, City or To	wn, State, Zip	Code)	
2	Harold A. Deich		28 Ro	l-Park	Trailer V	illage, M	iller	svil.	le, MD 21108
	20e. METHOD OF DISPOSITION 1 ☑ Burlai 2 ☐ Cremellon 3 ☐ Ramoval from State	20b. PLAC	E OF DISPO	SITION (Name of	cometery, crematory or	20c. L	OCATION -	City or To	own, State
	4 Donetion 5 Other (Specify)			en Memr	ial Park	Gl	en Bu	rnie	, A.A., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				AND ADDRESS OF FA	CILITY			
	1 Lola Wet	, 0			ley Funer				
			4 4 0			. S.E., G			
	23. PART I. Enter the diseases, or complications abock, or heart failure. List only one			not enter the i	node or dying, auc	n aa cardiec or res	piretory ar	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	4				-			Onaat and Death
	disease or condition a	210101	1011	nonou	an	est			Immed.
	DUE	TO (OR AS A CONS	EOUENCE C	n:	1 0		1	0	immed. Immed. Immed.
Z	Samuellalla National Malana D.	204 K	m	4000W	deal)	my 000	nel	al	- mmed
음	If any, leading to immediate	TO (OR AS A CONS	EOUENCE C	F):			1		1.00
\$	cause. Enter UNDERLYING CAUSE (Disease or Injury	avrus	osal	lu Te	CarNIC	1020M	32 N	1280	20 1/61
E	thet initiated events	TO (OR AS A CONS	SEQUENCE C	F):					1
CERTIFICATION	resulting in deeth) LAST								
O	PART II. Other algnificant conditions contributing	to death but not	t regulting	In the underly	Ing cause given in	Part I 24a WAS A	N AUTOPSY	246	. WERE AUTOPSY FINDINGS
N. S		, 10 202111 22(110	· rousiding	ni tilo ulluoliy	ing cadao given in		ORMED?	- "	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă						1 YES	2 PNO		OF DEATH?
MEDICAL						_			1 _ YES 2 _ NO
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C)	eck only one)			
SI	I III III III III III III III III III	2 - ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing N	ome 5 🗆 Reeldence	6 Other (Specify)			
E	27, MANNER OF DEATN 28e. DATE	th, Day, Year)	28b. TH		NJURY AT WORK?	28d. DEŞCRIBE NOV	INJURY OC	CURED	
ВУ Б	1 Natural 5 Pending	11, Day, 1001)			YES 2 NO				
	3 Suicide 28e. PLAC	E OF INJURY - At	home, farm,	street, factory, o	fice	281. LOCATION (Street		or or Rural	Route Number,
H	4 Nomicide determined	Ing, etc. (Specify)				City or Town, Sta	(e)		
9	29e. CERTIFIER								
COMPLETED	(Check only one) 1 CERTIFYING PNYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the basis								(a) and manner on whether
8		or examination enga	or investigat	on, in my opinior	, death occured at me	time, date and place,	ena aue to i	THE CHUSE(e) and menner as stated.
BE	29b. BIGMATURE/AND TITLE OF CERTIFIED				29c. LICENSE NU	MBER			D (Month, Day Year)
TO E	JE KONN	m	in		1		-	1 5	190
F	36. NAME AND ADDRESS OF PERSON WHO COMPLETED				01 -		,	040	· C4
	Ira E. Kaplan, M.D., 78	345 Oakwo	ood Ro	oad #200), Glen Bu	ırnıe, Mar	yland	1 210	061
		TRAR'S SIGNATURE							
	NOV 07 1990 Julia Tavida	- Bal. 00							
		-							DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

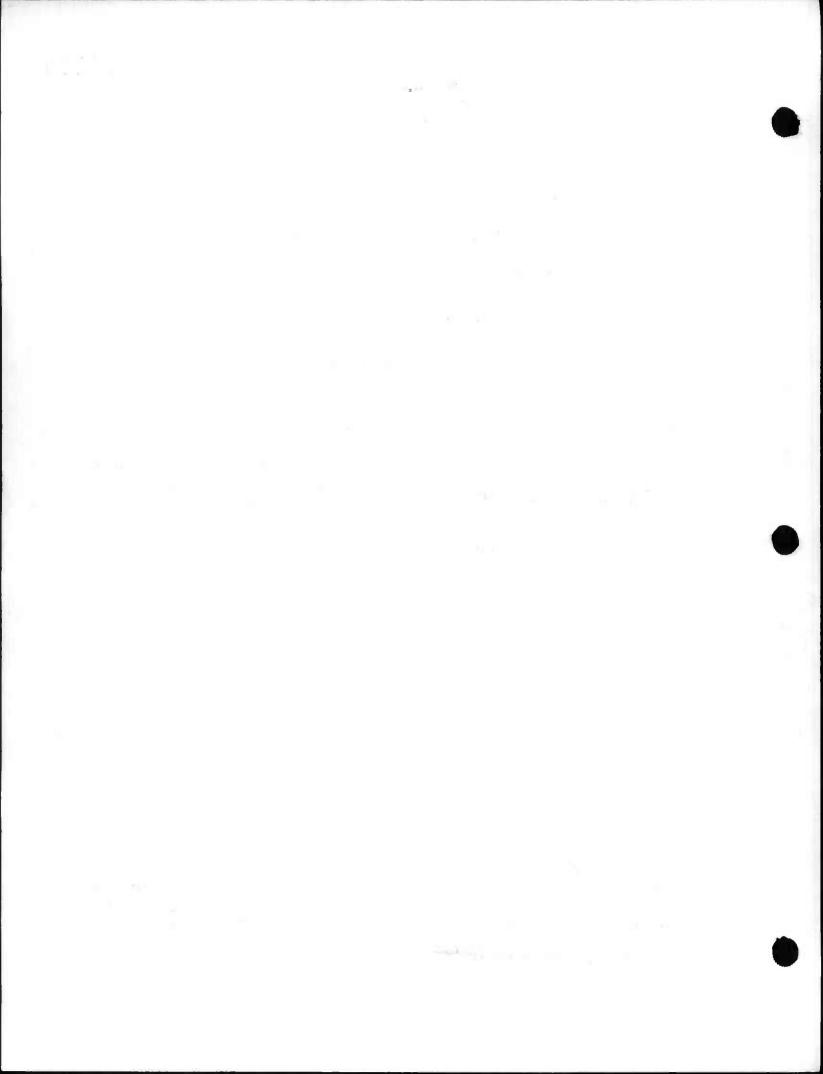
DIVISION OF VITAL RECORDS, P.O. BOX 13146,



mit. Pages 1, 2, 3 should

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	age		2
	ector, p		must
	L OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be r
	In by the	or removal.	nedical e
	/ filled	tion,	the 1
	ompletely	i, cremai	event,
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	ned b	ith ar	any
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5	as be	Dept.	23 8
	cate h	State	Hem
	certif	the	. 0
	this	with a	prked
1	After	death	S m
	JOR.	after	28
	OIREC	Hours	tem
P	1	2	-

	1 - STATE REGISTRAR	SIAIE OF I	MARYLAND / CE				DEAT		MENIA	REG. NO.	E .		
	1. DECEDENT'S NAME (First, Middle, Last)			6					2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	WARRE	N RUSSELI	DUFRENI	Ε					NO			TEAR	9:50 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)		8. BIRTH	PLACE (State or Foreign
	439-14-5869	1 🕅 M 2 🗆 F	68	YRS.	-CHIIII	UNTS	HOURS			G 7 19	22	LC	UISANA
_	9a. FACILITY NAME (If not institution, give :				9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DE	EATH
0	NATIONAL NAVAL	MEDICAL (ENTER			B	ETHES	SDA	MONTGOMERY				MERY
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION		10d.				10d. INSIDE CITY
E	MARYLAND A	NNE ARUNI	EL			CRO	VNSV1	LLLE					LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	1011 WATERBURY H	EIGHTS DE	RIVE					2103				NITED	STATES
5	11. MARITAL STATUS 1 Never Merried 24 Married		T EVER IN U.S. ARI							N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, , White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V				1 TYES	2 XNO	Specify	:			Specif	WHITE
	15. OECEDENT'S EDU	CATION	1960 16a. DEG	CEDENT'S	USUAL O	CCUPATIO	N		160	. KIND OF BUS	BINESS/IN	DUSTRY	
	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5	- Ilia	ve kind of Do NOT u	work done se retired.)	during mo	st of working	g					
AP.	12			1	J. S.	. NAV	ЛΥ			DEF	ENSE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAI	ME (First,	Middle, Maiden	Surname)		"
BE	OSCAR DUFREN								NNE GA				
0	190, INFORMANT'S NAME (Type/Print) RENEE DUFRENE									ber, City or Tow			NO 01000
	20s. METHOD OF DISPOSITION		20b. PLACE (DK.			City or To	, MD 21032
	1 X Burial 2 ☐ Cremation 3 ☐ Ren 4 ☐ Conation 5 ☐ Other (Specify)	noval from State	other pla	ice)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Dakuk L	2 acmo	W li										
	23. PART I. Enter the diseess, or			ath. Do									is,MD21401
	shock, or heart failure.	List only one car	use on each line.										Interval Between Onset and Death
	disease or condition resulting in deeth) •. RECTAL CANCER												
	resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):												
N	Sequentially list conditions b.												
ATIC	Sequentially list conditions, if eny, lesding to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Disease or Injury that Initiated events	cDUE TO (OR AS A CONSEQUENCE OF):										1	
CERTIFICATION	resulting in death) LAST	d											
CE	PART II. Other significant condition	ne contribution to	double but not a		In the s	مرا میلاداد		ahaa la	Don't I	24e. WAS AN	ALITOROV		WERE AUTOPSY FINDINGS
ICAL	PART II. Other significant condition	ins contributing to	Death but not r	esulary	HI UIU U	ncenyin	cause	given in	Part I.	PERFO	RMED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED										1 TYES 2	ZI NO		OF DEATH?
BY PHYSICIAN: MED									_				1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF C	EATH (Ch	eck only o	nne)			
SIC	EXAMINER? 1 YES 2 X NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 Nu		e 5 □ R	esidence	6 🗆 Oth	er (Specify)			
ЭНУ	27. MANNER OF GEATH	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	ME OF JURY	28c. IN.	URY AT		28d. OE	SCRIBE HOW	INJURY O	CCUREO	
34	1 Accident 5 Pending Investigation				M		YES 2	□ NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At ho , etc. (Specify)	me, ferm,	street, fac	tory, offic	•		28f. LO City	CATION (Street y or Town, State)	and Numbi	er or Rural I	Route Number,
щ	an communication					W							
MPL	(Check only 1 LA CERTIFTING PHT:												a) and manner as atated.
COMPLETED	100		positivitation of the or	restrydt	, et 117	opinon, c				a aro piace, ili			
BE	295. SIGNATURE AND TITLE OF CERTIFIC	300	2000				29c. LICENSE NUMBER MD-040811 (PA)				I SIGNED	(Month, Day, Year)	
2	MAME AND ADDRESS OF PERSON W	MD ISE OF DEATH (ITE						AL NAVAL MEDICAL CENTER					
	C. C. POWELL,			,,,,,	-1415°				L NAVAL MEDICAL CENTER A, MD 20889-5000				
	31. DATE FILEO (Month, Day, Year)								JUR, FID 20007-3000				
	I NOVA P 1000 A	C. Buile	Thursda Pa										



-	-	nd o	-	
BALTIMORE, MARYLAND 21203-3146	at the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.	and Mental Hygiene prior to buriat, cremation, of removal.	in law or other traumatic areas the madical avaminar must be untilled at another
13146,	executed wit	and comple	o burnal, cre	notion other
1DS, P.O. BOX 13146,	rtificate be	ig physician	nene phor ta	when tenns
0	90 4	ndin	K	000
Δ.	Jean	affe	uta	2
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2	at ti	6	and	-

											90	3179
TRAR	STATE OF I	MARYLAND / DI CER				EALTH DEAT		MENTA	L HYGIE REG. N			
T'S NAME (First, Middle, Last)		- 1						2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
EL B. [DAUGHTERY	(10	30) (90	1:30
SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir	rthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTH	IPLACE (State or Forei
12-1716	1 🗌 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar.	21,	1914		" rginia
NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF D	EATH		9c. COL	INTY OF D	EATH
CE BYRD TAWES	S NURSIN	G HOME		Cr	isfi	eld,	MD			9	omer	set
10b, COUNTY	,	1	Oc. CIT	Y, TOWN (OR LOCAT	TON			-			10d. INSIDE CITY

3	ETHEL F	3. E	AUGHTERY	/						10	30		YEAR	1:30 P.M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, I	BIRTH Ony, Your)		8. BIRTHPLA Country)	ACE (State or Foreign
9	216-12-1716	5l	1 M 2 F	76	YRS.	MONTHS	DAYS	HOURS		Mar.		914		inia
i	9a. FACILITY NAME (If not ins	stitution, give str	reet and number)			9b. CITY	, TOWN	OR LOCATI	ION OF DE	EATH		9c. COUN	ITY OF DEAT	н
рівестон	ALICE BYRE	TAWES	NURSIN	G HOME		Cr	isf	ield,	, MD			Sc	omerse	t
E	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10	d. INSIDE CITY
8	Maryland	S	Somerset				Cr	isfie	eld,	MD			1 (LIMITS?
	10e. STREET AND NUMBER							H. ZIP COD				10g. CITIZ	ZEN OF WHA	T COUNTRY?
FUNERAL	Rt. 2 - Box	16 A -	- Jacksor	ville 1	Rd.				218	317			U.S.A	7 -
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED					IIC ORIGIN?		or No—	14. RACE — Black, W	American Indian, /hite, etc.
BY F	1 Never Married 2 🔀 3 Widowed 4 Divor		IF YES, GIVE V		2,510			S 2 NO			an, a.c.,		Specify:	White
		EDENT'S EDUC	ATION	l ste	DECEDENTS	LISUAL O	CCLIDATI	ION		I sah K	IND OF BU	SINESS/IND	HETEV	WIII CC
=		highest grade			(Give kind of life. Do NOT L	work done			ing	1000.1	110 O1 D0	JII LOG/III D		
2	H. S. Gradua		1 Year	"	House	ewife	5				_	_		
COMPLETED	17. FATHER'S NAME (First, Mi		1 10.771					18. MOT	HER'S NA	ME (First, Mic	ldle, Maiden	Surname)		
BE C	Alton W.	Pruitt	;]	India	Moor	е			
TO B	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILIN	3 ADDRES	S (Street	and Numbe	or Or Runal I	Route Number	City or Tow	n, State, Zip	Code)	
-	Lionel W.						-	a,b,		e,f				
	20a. METHOD OF DISPOSITI	ON 11_	-02-90		place)	SITION (N	ame of ce	emetery, crea	matory or		20c. LO	CATION —	City or Town,	State
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERAL		FNOFF	- I Sun	nyrid			ial F		OH PPM	<u></u>	Crist	Field,	MD
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	1	11	Λ					ons Fu	nora 1	Home	9	
	Kobert	1.1.	nach	esw.	h		306	W. Ma	ain S	St	Crist	ield	_MD_	21817
	23. PART I. Enter the di	seesea, or c	omplications the	t ceused the	Seeth. Do	not ente	r the m	ode of dy	ring, suc	h as cardie	c or resp	iretory err	eet,	Approximate Interval Between
	IMMEDIATE CAUSE (Fin					1		1						Onset and Death
	diseese or condition resulting in deeth)	→ ,	Cler	onic	Ken	el j	0	ela	re					Years
			III TO	enie Modernie	MOUENCE O	OF):	an	al			1.	8 11	ion . a	Vacus
NO	Sequentielly liet conditi	lona,		OR AS A CON			Clee	100	cour	esce	un.	ucon	Carce	1.200
CERTIFICATION	If any, leeding to immed cause. Enter UNDERLYI	NG	/	A reserve		200								1
E	CAUSE (Disease or Inju that initiated events	י בייו	DUE TO	(OR AS A CON	SEQUENCE (OF):								
표	resulting in deeth) LAS	T L	t.											
	PART II. Other significa	nt condition	s contributing to	death but no	t resulting	in the u	nderfyir	ng cause	given in	Part I. 2	4s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
<u>8</u>				21							PERFO			MILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL	3									_	T YES	I T NO		P DEATHY
										- 1			1 '	THE TONO
AN:	25. WAS CASE REFERRED TO	O MEDICAL	1				26.1	PLACE OF	DEATH (CA	reck only one)				
PHYSICIA	EXAMINER?		HOSPITAL:	3 ER/Outpatient	3 C 00A	OTHE	ge! raing Ho	me SDR	hasidence	s 🗆 Other	Specify)			
Ή	27. MANNER OF DEATH	en a sec	28s. DATE Of	F INJURY Deg. Vision)	286. TI	_	28c. III	JURY AT				INJURY OC	CURED	
ВУР		Pending Investigation	(money)	100		ш	10000	YES I	□ NO					
ED E	3 🗌 Suicide 🛚 🖺	Could not be	38e. PLACE (building	OF INJURY — AI , etc. (Specify)	home, farm.	street, fac	ctory, off	low			TON (Street Town, State		or Hunel Rou	to Number
ETE	College College	Determined												
PL	(Critica drig	775 - 71715	CIAN: To the best o											
COMPL	2 MED	IGAL EXAMINE	R: On the besis of	esagination and	or Investigat	lon, in my	opinion,	death occu	ured at the	time, dete a	nd place, a	net due to th	te cause(x) a	nd marrier in stated.
w	296. SIGNATURE AND TITLE	OF CERTIFIES	V	120		na	1	29c. LK	CENSE NU	MBER	,	29d. DAT	E SIGNED (M	forth, Fay, Year)
TO B	Treme	- 4	-1	della	211	VU)	$\perp \mathcal{D}$	100	1/7		-/	431	190
	35 NAME AND ADDRESS OF	T PERSON WH	O COMPLETED CAL	ISE OF DEATH/	11 EM 27) /Tor	e. Print)								

III. HAM AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

James A. Sterling, M.D. 320 W. Main St. - Crisfield, MD 21817

31. DATE FILED (Month, Day, Year)

NOV - 1 '90

32. REGISTRAS'S SIGNATURE
Filia Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND I	MENTAL HYGIENS		
*	1. DECEDENT'S NAME (First, Middle, Last)	1	n .		2. DATE OF DEATH	, VEA	3. TIME OF DEATH
꿪	Augusta //	arie	Davi	ſ	November 60	-4199	17/0 4
No.		SEX 8. AGE (In yrs. In	YRS. F UNI	B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	17 ME	ATHPLACE (State or Foreign Intry)
4	9a. FACILITY NAME (If not institution, give street	t and number)	9b. C	TY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
D.	PENINSULA GENERAL H	IOSPITAL	S	ALISBURY		WICOM	ICO
DIRECTOR	10e. STATE 10b. COUNTY	/	10c CITY, TOW	OR LOCATION			10d. INSIDE CITY LIMITS?
		erset	AYITI	ess Anne			1 TES 2 NO
FUNERAL	100. STREET AND NUMBER	190		101. ZIP COOE	2	10g. CITIZEN O	F WHAT COUNTRY?
N N	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.S. A	RMED 1	3. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea	or No- 14. R/	ACE American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	МО	If yes, specify Cuban, Mexica		Sp	ack, White, atc.
ED BY	15. DECEDENT'S EDUCATI	100	ECEDENT'S USUAL	OCCUBATION	18b. KIND OF BUS	INESS/INDUSTED	White
ETE	(Specify only highest grade con	npleted) (0	Give kind of work do b. Do NOT use retired	ne during most of working	186. KIND OF BOS	INESS/INDUSTRI	
	8	1	abore	Y			
COMPL	17. FATHER'S NAME (First, Middle, Last)	11		18. MOTHER'S NA	ME (First, Middle, Melden	Surname)	1.1
BE	Uscar Kents	ichler J	<u> </u>	Cec		ntse	h lex
9	19a. INFORMANT'S NAME (Type/Print)	her Ir	RH3 /-	Sout 900 Page		TIC MC	121853
	20a, METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION	(Name of comptory, cremetory or		CATION - City or	Town, State
	1 Donation 8 Other (Specify)	- De	echwo			cess A	nne Md
	21. SIGNATURE OF FUNERAL SERVICE LICENS	9ÉE	3	HIM MAN FU	ount	fome,	(
	Jenes (D)	inman		27 Somerset	Ave Frin	cess A	ane Md.
	23 PART I. Enter the diséasea, or com ahock, or heert fallure. Lis	nplications that caused the di t only one cause on each lin		ter the mode of dying, suc	h as cardiac or respi	retory erreat,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	C-1/A -	110.00.00	100).			Onset and Death
-	reaulting in death) e	DUE TO (OR AS A CONSE	EQUENCE OF):	- Je			
z		isant	tense	n'			
6	Sequentially list conditions, if any, leeding to immediate	OUE TO (OR AS, A CONSE	EQUENCE OF):				
2	cause, Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A CONSE	EQUENCE OF):				
CERTIFICATION	that initiated events resulting in deeth) LAST						
	PART ii. Other aignificant conditions of	contributing to death but not	resulting in the	underlying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
CAL		•			PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AED				-			OF GEATH? 1 YES 2 NO
Z							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOȘPITAL:	OTH	26. PLACE OF DEATH (C/	neck only one)		
IYS	1 VES 2 NO 19	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	3 DOA 4 D	128c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW II	A BIBY OCCURE	
	1. Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?	add. BEGOINGE FOWN		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY At h building, etc. (Specify)	nome, farm, street,	lactory, office	28f. LOCATION (Street a City or Town, State)	and Number or Rui	rel Route Number,
TE	4 Homicide determined	Surraing, sec. (opocity)			Oily Or Jown, Glaley		
COMPLETED		N: To the beat of my knowledge, o	Seath occurred at the	e time, data and place, and du	to the cause(a) and mar	ner as stated.	
S	one) 2 MEDICAL EXAMINER:	On the basis of axamination and/o	r investigation, in n	ny opinion, death occured at the	time, data and place, an	d dua to the cau	se(a) and menner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	7 /2	~/	29c. LICENSE NU	MBER (2.19	29d. DATE SIGN	NED (Month, Day, Year)
5	30. NAME AND AGORESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type. Print)	116	7 6-1 /	11-	/-/-
	Dr. Charle Ston	- 1		VINCES ANNE	md- 2	853	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	- WA U	1	- 1 - 4		
	NOV - 7 '90	Julia Davidson	9				

TO BE COMPLETED BY FUNERAL DIRECTOR.

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be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or r	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the me	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
- 6	=	12

STATE REGISTRAR	STATE OF MARYLA			OF DEA			YGIENE EG. NO.		01000
1. DECEDENT'S NAME (First, Middle, Last)		1				2. DATE OF E	DEATH	VE	3. TIME OF DEATH
	ZABETH DE	BUTTS				NOVEM	BER 5		
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 Y	YEAR IF UNDER	MIN.	7. DATE OF B (Month, De)	y, Year)		HRTHPLACE (State or Foreign country)
215-44-7937	1 D M 2 X F 9	1 YRS.				JAN 14		9c. COUNTY	VIRGINIA
DE OPEC DOV 222				OWN OR LOCATI OORF	ION OF DE	EATH	1	CHAR	
RT. 925S, BOX 333-	-А		WALL	JUKF			1	СПАК	LE3
On. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION		-			10d. INSIDE CITY LIMITS?
MARYLAND CHARL	.ES		WALI	DORF					1 TYES 2 NO
0e. STREET AND NUMBER	_			101. ZIP COD			1		OF WHAT COUNTRY?
RT. 925S, BOX 333-				206			1	US	
11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	H y	S DECENOENT Cubes, specify Cube	en, Mexica	n, Puerto Rican			RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEOENT'S	USUAL OCCI	UPATION ing most of work	ina	16b. KJN	O OF BUSIN	ESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)		•				_
LOTH GRADE		STATIST	ICIAN					RNMEN	1
7. FATHER'S NAME (First, Middle, Last)				1100		ME (First, Middle		mame)	
FREDERICK BOHREI	(105 MAII ING	ADDRESS /S	Street and Number	ELAI		RNE	State 7to Coo	
HELEN ANNE ROLLINS	5								D 20602
0s. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ramo Donation 5 Other (Specify)		PLACE OF DISPO		L GARD			1111		or Town, Stata MARYLAND
1. SIGNATURE OF FUNERAL BEHVICE INC	ENSEE/	A A		ME AND ADDRI		CILITY THE			
·	Soken	17	P.0.	. BOX 1	56,				ERAL HOME,ING D 20604-0156
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO JOR AS A	CONSEQUENCE C)F):	ATIC		_ 1 / 1	E R	D1210	EASE
PART II. Other aignificant condition	i. a contributing to death b	ut not resulting	In the unde	erlying cause	given in		PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH /Ch	pack only one)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	ontient 3 🗆 DOA	OTHER:	ng Home 5 X F			pec/fv)		
7. MANNER OF OEATH	28s. DATE OF INJURY	28b. Til	WE OF 2	8c. INJURY AT		28d. DESCRI		JURY OCCUR	ED
1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	JURY M	WORK?	□ NO				
3 Suicide a Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec		street, factor	y, office		281. LOCATIO City or To	ON (Street and own, State)	d Number or I	Bural Route Number,
const only	CIAN: To the best of my know R: On the basis of axamination			Service and an exercise			1		suse(s) and manner as stated.
96. SIGNATURE AND TITLE OF CERTIFIER	900	\ .		29c. Life	CENSE NU	MBER		29d. DATE SI	GNED (Month, Day, Year)
	DIVE	Mu		D20	0310			NOV.	5, 1990
30. NAME AND ADDRESS OF PERSON WH SEETARAMYYA NAGUL		, , , , , , , , , , , , , , , , , , , ,				O3.WAI	DORF	-5	
II. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			- 0200	- , , , C	. JU 9 11/1L	.20KI 9	, 110 2	

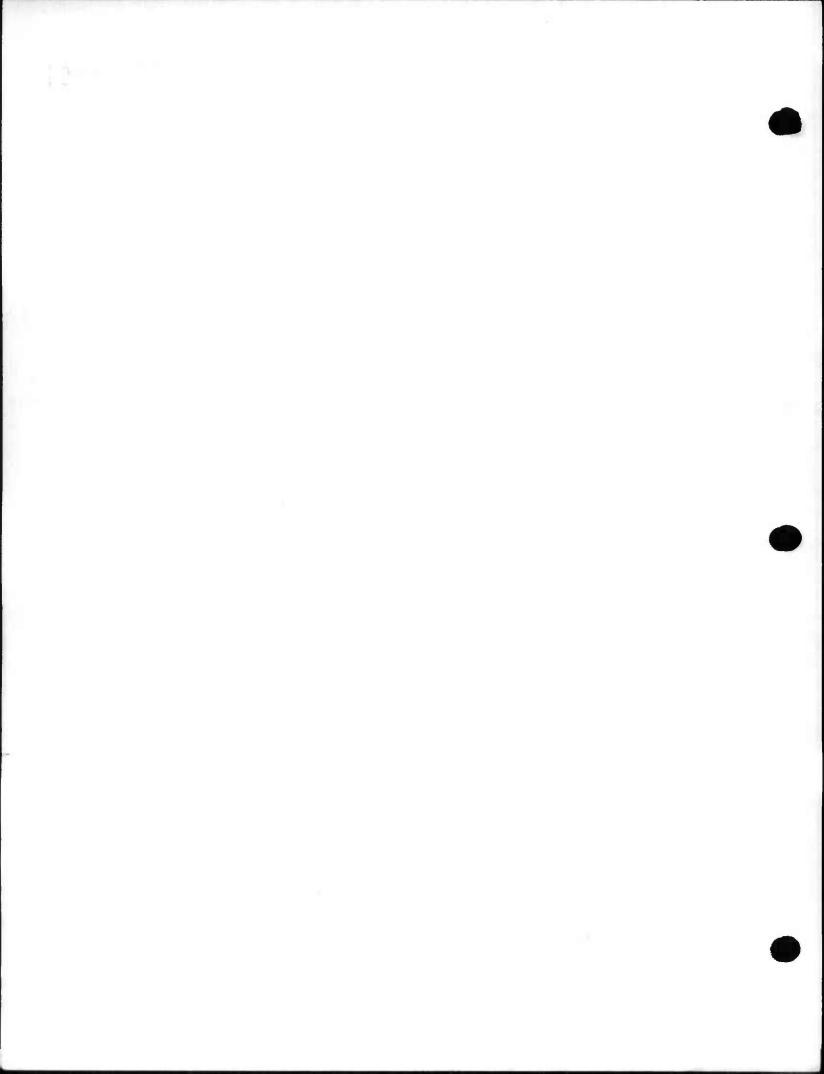
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mous after death. Page 6 may be retained by the hospital or attending physician.	resours after death. Page 6 may be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit per	filled in by the funeral director, page 5 should be detached for use as the burial-transit per
hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	on, or removal.
Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 30, 1990 Oct. Edward Duffy S. 7:50 PM M TV: 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 8, 1 🗓 M 2 ☐ F 017-18-4987 73 1917 Apr. Mass. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5114 Nahant St. Bethesda Montgomery RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Montgomery Bethesda 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 5114 Nahant Street 20816 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR, OR DATES Specify: ВY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Flementary/Secondary (0-12) College (1-4 or 5+) 5 + U.S. Gov't. Attorney 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James F. Duffy Rose Scully BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jacqueline Duffy 5114 Nahant St., Bethesda, MD 20s. METHOD OF DISPOSITION
1 Dispression | Method | Removal from State
4 Donation | 5 Dispression | Other (Specify) | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION — City or Town, State other place) t. Comfort Crematory Mt. Alexandria, VA 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Joseph Gawler's Sons, Inc. m 5130 WI Ave. NW Wash., DC 20016 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Metastatic Head & Neck Carcinoma resulting in death) DUE TO JOB AS A CONSEQUENCE OF Left Pharyngeal / Tonsillar Carcinoma CERTIFICATION Sequentially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Organic Brain Syndrome: Seizure Disorder 1 TYES 2 X NO DE DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 Dopatient 2 ER/Outpatient 3 DOA 1 TES 2 NO me 5 X Residence 6 - Other (Specify) 27 MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide 6 Could not be ETED 4 Homicide detarmined 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piaca, and due to the cause(e) and menner as stated. 296. SIONATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MD 026571 Oct. 31. 1990 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Irving Mizus, M.D. 5413 Cedar Lane #206 C Bethesda, MD 20814 31. DATE FILED (Month, Day, Year) NOV 02 32. REGISTBAR'S SIGNATURE wha Davidson Random

28

TO THE HOSPITAL (
TO THE FUNERAL D
Be filed within 72 h
IMPORTANT: If It HOSPITAL

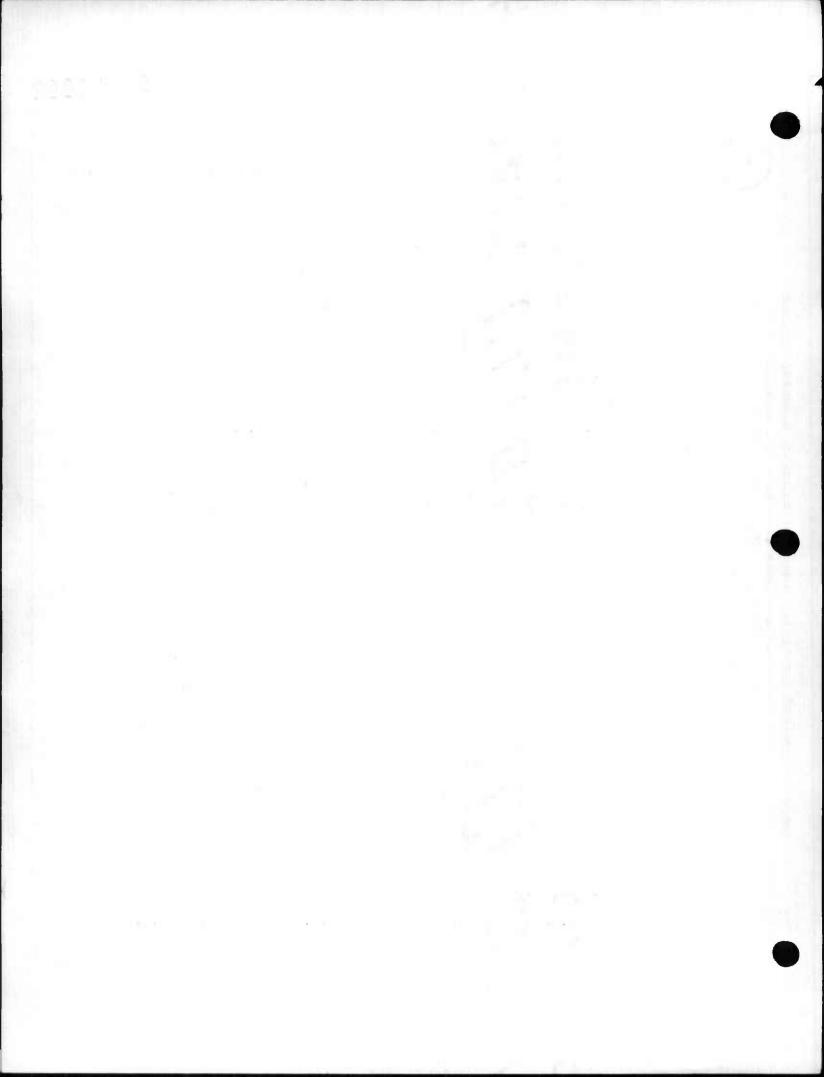


TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS	34	S	ᅜ	2
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	THE FUNERAL DIRECTOR: After this certificate has been signed by the	he filed within 72 hours after death with the State Dept. of Health and N	separately, if it is not it maded or item 22 shows one in

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF MONTH	DA		YEAR	3. TIME OF OEATH
	-	Anne A.							Octob		8,19		3:00 a M
4. SOCIAL SECURITY NUMBER	BER	6. SEX	6. AGE (In yrs. I		MONTHS	R 1 YEAR		MIN.	7. OATE OF I	BIRTH by Year)		8. BIRTH Country	PLACE (State or Foreign
115-16-2947	-10-2947		YRS.			HOURS MIN. (Month, Day, Year December 18, 192		1925	New Yor				
9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF OEATH				
Suburban Hospital					Bethesda				Montgomery				
RESIDENCE OF DECEDENT					ry, TOWN	00100	ATION:						
	IOD. COUNT			10c. CI	IT, IUWN	OH LUC							10d. INSIDE CITY LIMITS?
Maryland		Montgome	ry					ckvi	ille				1 TES 2 NO
10a. STREET AND NUMBER						1	IOf. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
10201 Gros	venor	Place #7	01					2085	52		Un	ited	States
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. /		13.	WAS DI	ECENDENT (F HISPA	NIC ORIGIN? (S an, Puerto Rica	pecify Yee	or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES	,,,,,			ES 2 NO			11, 010.7		Specif	y:
	EDENT'S EDU		16a. I	DECEDENTS	USUAL C	OCCUPAT	TION	_	16b. KII	ND OF BUS	INESS/IN	DUSTRY	White
	y highest grade			(Give kind of life. Do NOT u	work done	during r	most of world	ng	1.00				
Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	Ис	mema	kor				Oto	m Ho	mo	
17. FATHER'S NAME (First, M	Siridle I not)	3+	_	пс	лпеша	rker	_	UED'S NA	ME (First, Midd			me	
							10. 1001				,		
		lenhoff							Alice S				
19a, INFORMANT'S NAME (Type/Print)					11.			Route Number,		- Allen		
Chester		aly		10201	Gro	sve	nor P	lace	#701				
20a METHOD OF DISPOSIT	TION on 3 □ Ren	noval from State		E OF DISPO	SITION (N	lame of c	cemetery, crer	netory or		20c. LO	CATION -	City or To	wn, State 20852
4 Donation 5 Dother			Ga	te of			Ceme						ng, Maryland
21. SIGNATURE OF FUNERA	L SERVICE LI	ICENSEE	1		22	NAME	AND ADDRE	SS OF F	nphrey	Fune	ral	Home	/
> Dem		1 - Kent	A MO	0335	I E	3eth	esda-	Che	y Chas	se, I	nc.	7557	Wisconsin
23. PART I. Enter the d		complications the											Approximats
shock, or h	eart fallure.	List only one car											interval Between
IMMEDIATE CAUSE (Fit disease or condition	nel												Onset and Death
resulting in death)	\rightarrow		ical Ca										
Sequentially list condit	tions.	b	stasis		2								
If any, leading to Imme	diate	DUE TO	OR AS A CONS	SEQUENCE (DF):								
CAUSE (Disease or Inju		č			121								
that initiated events resulting in death) LAS	T	DUE TO	OR AS A CONS	SECUENCE (JF):								
resorting in death) Exc	"	d											
PART II. Other significa	ent conditio	ns contributing to	death but no	t resulting	In the u	ınderiv	ing cause	alven ir	Part I. 24	a, WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
						,				PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
									— I ¹	YES 2	K) NO		OF DEATH?
									_				1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		PLACE OF I	DEATH (C	heck only one)				
1X YES 2 NO		1 [X]npatient 2	☐ ER/Outpatient	3 🗆 DOA			ome 5 🗆 R	esidence	6 🗆 Other (S	(pecify)			
27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	28b. Ti	ME OF	28c.	INJURY AT		28d. OESCR	IBE HOW	NJURY O	CURED	
-	Pending Investigation		Day, Ioury	1	M		YES 2] NO					
2 Accident 3 Suicide	Could not be	26e. PLACE	OF INJURY — At	home, farm,	, street, fa	ctory, of	ffice					r or Rural I	Route Number,
4 Homicide	determined	building	, atc. (Specify)						City or I	lown, State)			
29a. CERTIFIER	TIEVING DUV	SICIAN: To the best of	d my knowledge	dooth coor	med at the	No. d	eta and elea	and do	a to the arrest	(a) and ma		and .	
Cornect Griff		The second of th											a) and manner as stated.
		The basis of		or involingat		оринол	i, death occu	nod at the	o linne, dete di	u piace, ei	000 10		/ BIO INDIANA 60 SECTOR.
296. SIGNATURE AND TITL	E OF CERTIFIE	ER and		1			29c. LIC	ENSE NU	IMBER		29d. DA	TE SIGNED	(Month, Day, Year)
Larro		11-12	wan	/			D29	41			0	ctob	er 29,1990
30. NAME AND ADDRESS	PERSON W	HÓ COMPLETED CA	JSE OF DEATH (I	TEM 27) (Typ	oe, Print)								
Larry McGo	wan M.	D. 2150	Pennsyl	vania	Ave	une	N.W.	#6-	-A Wash	ningt	on D	.c.	20037
31. DATE FILED (Month, Day		32. REGISTA	AR'S SIGNATURE		- 111			-					
NOV	DT 36	J gu	his Davids	on-Aan	delle								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)	Della	H. Eva:	ns					2. DATE OF MONTH Novel	D.	5,]	YEAR 1990	3. TIME OF DEATH 11:40 p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			_		R 24 HRS.	7. DATE OF (Month, D	BIRTH			HPLACE (State or Foreig
267-54-3748	1 □ M 2 🂢 F	92	YRS.	MONTHS	DAYB	HOURS	MIN.	July	li .	1898	Count	Ohio
9a. FACILITY NAME (If not institution, give	street and number)	72		9b. CIT	Y, TOWN	OR LOCAT	ION OF DE		Co ! / .		INTY OF C	
Collingswood	Nursing H	lome			Re	ockv:	ille				Mor	ntgomery
10a. STATE 10b. COUNT	TY		10c. Cf	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
Maryland 10e. STREET AND NUMBER	Montgome	ry					ckvil	le				LIMITS?
1108 Scott	Avenue				10	1. ZIP COD	0851			- 22		States
11. MARITAL STATUS 1 Never Married 2 Married 2X Widowed 4 Divorced		NT EVER IN U.S. I YES 2 MAR OR DATES			If yes, sp	pecify Cub		NC ORIGIN? (1 n, Puerto Rici 7:		s or No-	14. RAC Blac Spec	E — American Indian, k, White, etc. #y: White
15. DECEDENT'S ED		16a.	DECEDENT'	S USUAL O	OCCUPATI	ON of work	ina	16b. KJ	ND OF BU	SINESS/IN	DUSTRY	wiii ce
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of	use retired.)	during in	OUT OF WORK	ing					
12				Secre	etar	У		V	eter	ans 2	Admir	nistration
17. FATHER'S NAME (First, Middle, Lest)						16. MOT	THER'S NA	ME (First, Mide	fle, Malden	Sumame)		
Ch	arles Hay	es						Oli	ve J	effre	eys	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Numbe	er or Rural I	Route Number,			_	
Charles B.	Evans		1108	Scot	tt A	venue	e Roc	kvill	e. M	arvla	and 2	0851
20a. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO					7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				own, State
tXXBuriel 2 ☐ Cremation 3 ☐ Read 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	othe	r piece)	ckvil	110	Ceme	terv		P	ockv	1110	Maryland
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		NO	22	NAME A	NO ADDR	ESS OF FA	CILITY				
· /2 -	101	// .		F	Robe	rt.A	. Pump	hrey ic. 30	Fune:	ral	Home/	/
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the	at caused tha	M0033: death. Do	not ante	r the mo	ode of dy	ying, suc	TIE,	or resp	Land	2085	Approximate Interval Betw
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	It caused the use on each OSTA OGRAS A COM	death. Do line.	not ente	r the mo	ode of dy	ying, suc	h sa cardia	or resp	Land	2085	Approximate Interval Betw
shock, or heart feiture IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	A STA OOR AS A CON	death. Do line.	not ente	r the mo	ode of dy	ying, suc	h sa cardia	or resp	Land	2085	Approximate Interval Betw
shock, or heart feiture IMMEDIATE CAUSE (Final Idiaease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO B. DUE TO DUE TO DUE TO	et caused that use on each of STA of OR AS A COM	I death. Do	or): Or): Or):	N G	ue Roode of dy	ockvi ying, suc	h as cardiac	Mary. corresp	Land iratory s AUTOPS1 RMED?	2085	Approximate interval Betwoonset and Donest a
shock, or heart feiture IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO B. CANC DUE TO C. DUE TO d. DUE TO	et caused that use on each of STA of ORAS A COMPAND (ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND ORAS A COMPAND OR	deeth. Do line. SEQUENCE SEQUENCE SEQUENCE OF THE SEQUENCE SEQUEN	or): Or): Or):	N G	ue Ro	ockvi ying, suc	h as cardiac	Mary.	Land iratory s AUTOPS1 RMED?	2085	Approximate interval Betwoen and Donest and
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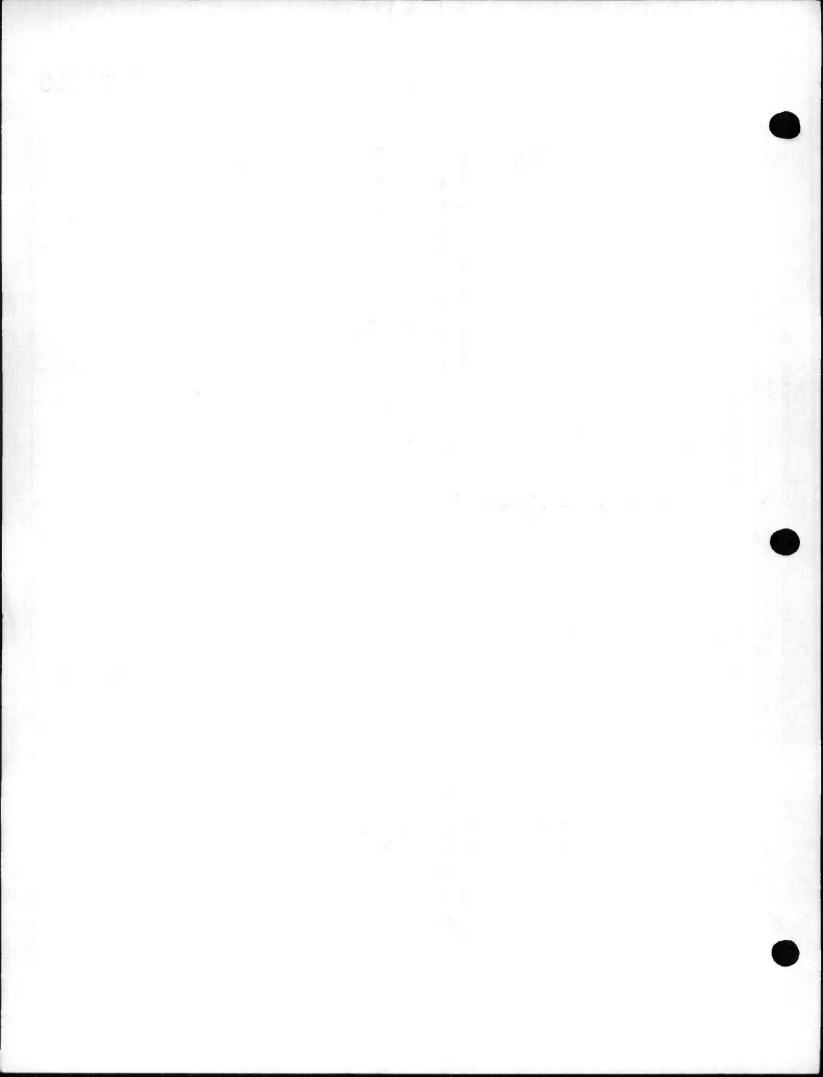
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be trained by the hospital of attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp TO THE HOSPITAL DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE	0F	MARYLA		DEPARTMENT				MENTAL	HYGIENE
			C	ERTIFICATE	0	F DEAT	TH		REG. NO.

	1 - STATE OF MAI		IENT OF HEALTH AND MEN ATE OF DEATH	TAL HYGIENE REG. NO.	0 31804
	1. DECEDENT'S NAME (First, Middle, Last)	1 121 12 - D	dahard EGEGETTIE	ATE OF DEATH	3. TIME OF DEATN
l	iN. 11 im R EC	/CMITTI SILLY K	ichard ECKSTINE	1032 8 199	O 12'41 M
	4. SOCIAL SECURITY NUMBER 6. SEX 6.	AGE (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS. 7. D.	ATE OF BIRTH 6.	BIRTNPLACE (State or Foreign
	218-30-7510 1X M 2 G F	69 YRS. MO	Title Date Hoone Mile.		Country)
	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF DEATN	10V 22 1920	OF DEATH
œ	Washington County Hospital	1		Mach	instan
DIRECTOR	RESIDENCE OF DECEDENT		Hagerstown	wasii	ington
Ĕ I	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY LIMITS?
ä	Maryland Washington	На	gerstown		1 TES 2 NO
A	10e. STREET AND NUMBER		101. ZIP CODE	10g. CITIZEN	OF WNAT COUNTRY?
ER	213 Woodhaven Drive		21740	11.	S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF NISPANIC OF	RIGIN? (Specify Yea or No- 14.	RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR		If yes, specify Cuban, Maxican, Put 1 YES 2 NO Specify:	arto Rican, atc.)	Specify:
BY	3 Wildowed 4 Divorced				White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI (Give kind of work	JAL OCCUPATION done during most of working	16b. KIND OF BUSINESS/INDUS	TRY
91	Elementary/Secondary (0-12) College (1-4 or 5+)	ilfe. Do NOT use re	done during most of working tired.)		
P	12	Man	ager	Wetterau	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NAME (F	irst, Middle, Malden Surname)	
BE (William Ragan Eckstine		Ethel Sr	essard	
9	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural Route	Number, City or Town, State, Zip Co	de)
-	Luella Eckstine		oodhaven Drive H		
	20s. METNOD OF DISPOSITION 1XXBurlai 2 Cremation 3 Ramoval from State	20b. PLACE OF DISPOSITION other place)	ON (Name of cemetery, crematory or	20c. LOCATION — City	or Town, Stata
	4 Donation 8 Other (Specify)	Rest Hav	en Cemetery		n, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FACILITY	Minnich Fune	ral Home
	Sytth. I home		415 E. Wilson		
	23. PART I. Enter the diseases, or complications that co				t, Approximate
	shock, or heert fellure. List only one cause				Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition		1 11.	Carren	
	resulting in death) a. OUE TO (OF	AS A CONSEQUENCE OF:	Juli-6.		
_		111-5	of solver		1200
CERTIFICATION	Sequentially list conditions, If env. leading to immediate	A CONSEQUENCE OF):			
¥	cause. Enter UNDERLYING				1 ' 1
Ē	CAUSE (Disease or Injury thet initiated events DUE TO (OF	AS A CONSEQUENCE OF):			
보	resulting in death) LAST				
	PART II. Other aignificent conditions contributing to de	eth hut not regulting in	the underfulne cause alves in Part	I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
*AL	PART 1. Other algument conditions contributing to de	etti bat not resalting ili	the underlying couse given in Fait	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	1h			1 TYES 2 NO	OF DEATH?
					1 TES 2 NO
Z					J
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Check o	nly one)	
YSI			☐ Nursing Nome 5 ☐ Rasidence 8 ☐		
PHYSICIAN:	27. MANNER OF DEATN 28a. DATE OF IN. (Month, Day,		Y WORK?	I. DESCRIBE NOW INJURY OCCUI	RED
BY	2 Accident Investigation		M 1 YES 2 NO		
	3 Suicide 8 Could not be 28e. PLACE OF il building, atc	IJURY — At home, ferm, etre . (Specify)	et, factory, office 28f	LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETED	4 Nomicios determined			<u>-</u>	
4	29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my	knowledge, death occurred	et the time, deta and place, and due to the	ne cause(a) and menner as stated	
0	2 MEDICAL EXAMINER: On the basis of axan	ination and/or investigation,	In my opinion, death occured at the time	, deta and place, and due to the	cause(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIER	1	29c. LICENSE NUMBER	29d. DATE 8	SIGNED (Mosey, Day, Year)
) BE	24 Jours	40010	0099	130 11	18/90
2	38. NAME AND ADDRESS OF PERSON MHO COMPLETED CAMPE	BEATH (ITEM 27 (NOS. P.	11/1/0-	11.1	4
		/()	1 111 0018	MALLE	
	1 Marine	/ ×	1 20 1-1		
/	AL DATE FILED (Month Day Pair) 32. REGISTRAFT		12	11-	
/		SIGNATURE AND AND AND AND AND AND AND AND AND AND	Hue	edde	

medical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
d in by the funeral director, page 5 should be detache or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ours after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerrours after death. Page 6 may be retained by the host
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	- SIAIE	STATE OF MARYLAND /					E (30 31805
į	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) BARBARA EMBL	Barbara Ann l	EMBLY	Y	DEATH	2. DATE OF DEATH MONTH D. NOVEMBER	AY YE	3. TIME OF DEATH
1	213-40-4404	SEX 6. AGE (In yrs. lest 48	birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 16,	1941	BIRTHPLACE (State or Foreign Sountry) Maryland
TOR	9a. FACILITY NAME (If not institution, give atreet of THE JOHNS HOPKINS RESIDENCE OF DECEDENT		BALTIMOR	RE CTTY	BALTIMORE CITY			
DIRECTOR	Maryland Wash	ington	10c. CIT	r, town on Locat Hagerst				10d. INSIDE CITY LIMITS? 1XXYES 2 \(\square\) NO
FUNERAL		9, Box 272			ZIP CODE 21740			OF WHAT COUNTRY?
BY FUN	1 Never Married 2 Trafferried	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: white
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) (O-12) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) OWNET						siness/inoust	TRY
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE (Marshall W 19a, INFORMANT'S NAME (Type/Print)		**********	4000000		e V. Bisho		
10	Mr. Richard B. Emb	100						Maryland 21740
	20a, METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Rest	ce)	en Cemet	ery	Ная		m, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Bunnic	l l		st Wilso			ral Home own, MD 21740
	23. PART I. Enter the diseases, of com- ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the decit only one cause on each line.	SP1	ot anter the mo	de of dying, suc	hea cardlec or reap		Approximata interval Batween Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSECUENT OF AS	M VII	F):	herka	u;ci		lyc
MEDICAL	PART II. Other algorificant conditions of	ontributing to death but not re	eaulting	In the underlying Illustration in the underlying	g ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA		OSPITAL:		OTHER:	LACE OF DEATH (C)	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 🔀 Netural 5 🗌 Pending	25a. DATE OF INJURY (Month, Day, Year)	25b. TIN	IE OF 28c. IN.		28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hol building, etc. (Specify)	me, farm,	street, factory, offic	a	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	const oray	N: To the best of my knowledge, de On the bests of examination and/or i						suse(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	/ Philip (3ur	ke	29c. LICENSE NU DOYZ	MBER 8	29d. DATE SI	IGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
POTALS KILMARY SHONATURE
31. DATE FILED (Month, Day, Year)
NOV 13 90

32. REGISTRAR'S BIGNATURE
JUNE JAMES AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
POTALS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
POTALS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
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POTALS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE, PRINT)
POTALS AND ADDRESS OF DEATH (ITEM 27) (TYPE, PRINT)
POTALS

8. BIRTHPLACE (State or Foreign

3. TIME OF DEATH 40:00BW

10d. NISPOE CITY

1 YES 2 NO

5

FUNERAL

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other traumatic CERTIFICATION

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PHYSICIAN: MEDICAL

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hours after death. Page 6 may be retained by the hospital or attending physician.

director, page 5 should be

the funeral

filled in by

attending physician and completely fille ortal Hygiene prior to burtal, cremation,

an signed by the attend injury,

has been s Dept. of H

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law in THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 s.

executed within BOX 13146,

requires that the death certificate be

DIVISION OF VITAL RECORDS, P.O.

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BALTIMORE, MARYLAND 21203-3146

		MAX Ra	RA	3 gle		FOG	LE					₩0V.03,
		4. SOCIAL SECURITY NUMBER 220-16-3458	PER	5/ SEX 1 ANAJOEF	8. AGE	(In yrs. less	t birthday) YRS.	IF UNDER	DAYS	HOURS	WIN.	7. DATE OF BIRTH O 1 4 2 1
E, 3 shou	OR	90. FACILITY NAME (# not in FREDERICK M	EMORIA		AL				EDER	ICK	ON OF DE	ATH
William Company	5 1	RESIDENCE OF DEC	CEDENT									
Pages	DIREC	MD STATE	106. PORTE	DERICK			WOO	DSBO	PLOCAT	TION		

9c. COUNTY OF DEATH FREDERICK

10g. CITIZEN OF WHAT COUNTRY?

MARYE'AND

YEAR

90

\$990

91 TUE GRAVEE	HILL	RD.		101. ZIP CODE 1798
11. MARITAL STATUS		12. WAS DECEDENT EVER IN U.S. ARME	D 13, WAS	DECENDENT OF HISPANIC

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puarto Rican, atc.)

1 □ YES 2 □ NO | Specify: 14. RACE — American Indian, Black, White, atc. WHATE

16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
Ms. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elemantery/Secondary (0-12) College (1-4 or 5+) FARMER

FORCES? 1 YES 2 NO

16b. KIND OF BUSINESS/INDUSTRY AGRICULTURE

17. FATHER'S NAME (First, Middle, Last) ABNER EUGENE FOGLE

1 Never Married 2 Married
3 Wildowed 4 Divorced

18. MOTHER'S NAME (First, Middle, Maiden Surname)
EMMA CARRIE FOX

19a. INFORMANT'S NAME (Type/Print) MARY J. FOGLE 20e, METHOD OF DISPOSITION 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9110 GRAVEL HILL RD, WOODSBORO M

21798 20c. LOCATION — City or Town, State

Approximate

interval Between

Onset and Death

20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

MT PHOPE CEMETERY WOODSBORO, MD 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS WOODSBORO, MD

23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heert failure. List only one cause on each line.	enter the mode of dying, such as cerdiac or respiratory arrest
Catharine Q XsuBler	WOODSBORO, MD

Respiratory DUE TO (OR AS A CONSEQUENCE OF):

20155142

1-16-0000001

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

IMMEDIATE CAUSE (Fine)

disease or condition_

resulting in deeth)

DUE TO (OR AS A CONSEQUENCE OF): 600 716 DUE TO (OR AS A CONSEQUENCE OF): acte

PART	H.	Other s	Ignificant	conditione	contributing	to death	but not	resulting i	in the	underlying	Cause	given in	Part i.
			1/2									_	
_													

24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check
EXAMINER?	HOSPITAL:	OTHER:

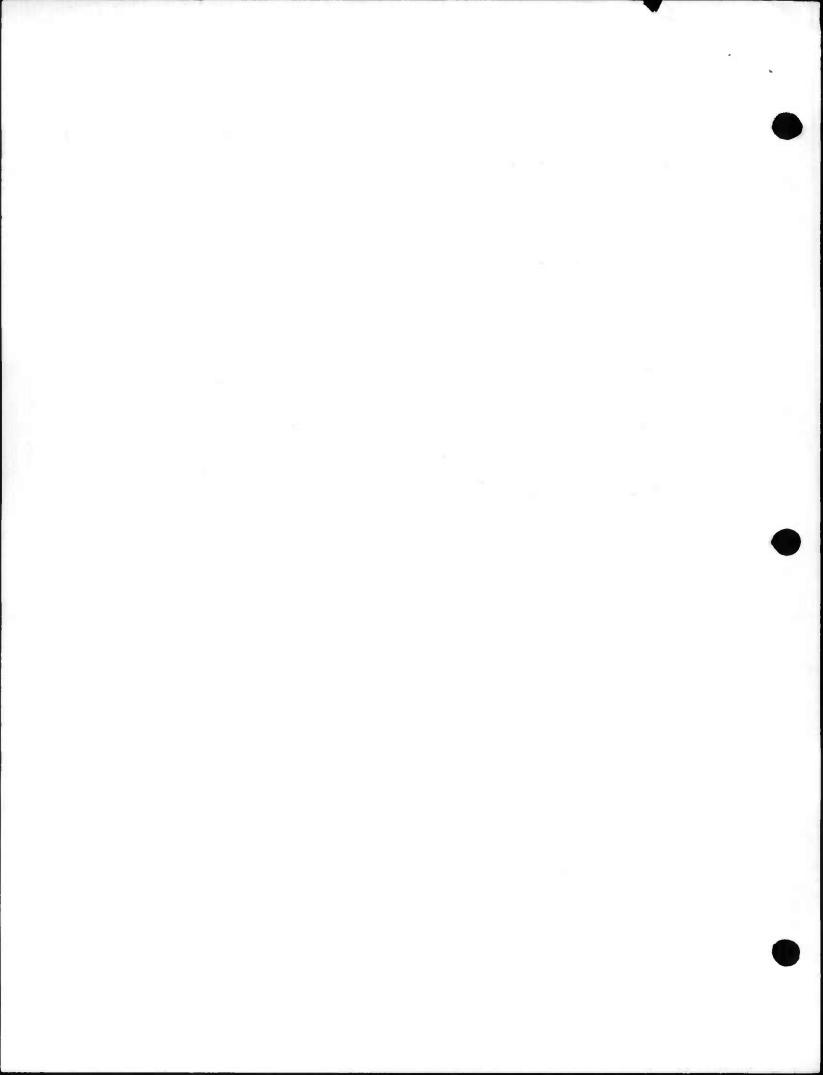
OF DEATH (Check only one)								
☐ Residence	6 Other (Specify)							
AT	28d. DESCRIBE HOW INJURY OCCURED							
2 NO								

1 TES 2 DYNO	N	Inpatient 2 ER/Outpatient 3	□ DOA	4 🗆 Nu	raing Home 5 - Residence	6 Other (Specify)
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28a. DATE OF INJURY (Month, Day, Year)	28b. TRV	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not be 4 Homicide determined		28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm,	street, fac	itory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN	: To the best of my knowledge, de	with occurr	ed at the	time, data and place, and dus	to the cause(s) and manner as stated.

296. SIGNALLINE AND HILLS OF CERCLETEN	29c. LICENSE NUMBER	29d. DATE SI
B Lotin	D146 26	1

30. NAME AND	ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITE	M 27) (Type, Print)			/ '	
P	5 TR-203 00	501	w	Seventz,	50	Fredred	44

ı	P6 Trovs	02 501	w	Sevent2,	50	Fredreid	244
ı	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1 00				1170



	1 - STATE REGISTRAR	SIAIE UF N	CEI	RTIF	ICATE O	F DEATH	MENIAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. OATE OF OEATH			3. TIME OF DEATH
η	JACOB	Asbury			FLETCH	ER		7. 19	990	10:00P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	oirthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	IPLACE (State or Foreign
	220-10-9112	1 💢 M 2 🗆 F	75	YRS.	MONTHS DAY	HOURS MIN.	OCT 19 19	15		YT.AND
1	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOW	OR LOCATION OF D	MI - 1 /		INTY OF D	
害	Memorial Hospital	S Medic	al Center		Cumber	land		A11	Legan	ıv I
DIRECTOR	Memorial Hospital RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT				Y, TOWN OR LO					10d, INSIDE CITY
E		EGANY			BERLAND					LIMITS?
	10e. STREET AND NUMBER	201211		0011		10f. ZIP CODE		I son on	TIZEN OF V	1 X YES 2 NO
FUNERAL	317 COLUMB	IA STREET	Γ			21502		100	S.A.	MAI GOOMMIT
5	11. MARITAL STATUS		T EVER IN U.S. ARMI				NIC ORIGIN? (Specify Y	e or No-	14. RACI	E — American Indian, k, Whita, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y	AR OR DATES		1 🔲 1	ES 2 X NO Specif	en, Puerto Rican, etc.) fy:		Spec	thy:
		<u> </u>	WW11						2 11 22 1 .	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(GM	EDENT'S kind of to NOT u	USUAL OCCUP: work done during se retired.)	most of working	16b. KIND OF BI	JSINESS/IN	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	+)				al SII	K PRO	DHCT	TON
MC	17. FATHER'S NAME (First, Middle, Lest)		I CEL	AVAS	r CORP	OF AMERIC	AME (First, Middle, Maide			
	HOWARD FLET	TCHER					YONKER			
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AOORESS (Stre	et and Number or Rural	Route Number, City or To	wn, State, Z	ip Code)	
5	MARGARET H. FLET	CHER	31	7 CC	LUMBIA	STREET C	JMBERLAND	MARYI	AND	21502
	20e. METHOD OF DISPOSITION	aved Asses Banks	20b. PLACE O	F DISPO	SITION (Name of	cemetery, crematory or		OCATION -		
	4 Donatton 5 Other (Specify)	IOVAII Trom State	ROCKY	GAP	VETERA	NS CEMETE	RY RFI)# FL	INTS.	FONE MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	GENERAL C	H			AND ADDRESS OF FA				
	ale L	Men	M		SILC	OX=MERRIT	T FUNERAL	HOME		_
	23. PART I. Enter the diseases, or			th. Do						Approximate
	ahock, or haart fallure. iMMEDIATE CAUSE (Final	List only one car	use on each ilne.	1.6	-					Interval Between Onset and Death
	disease or condition resulting in death)		67	TT						
		DUE TO	(OR AS A CONSEQU	JENCE 9	F):	ha pin	_			
N	Sequentially ilst conditions,	b	DV	wel		ma por				
NT.	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSTOL							i I
5	CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSEQU		mea					
CERTIFICATION	that initiated events resulting in death) LAST				.,					
CEI		d								
AL	PART II. Other aignificant conditio	ne contributing to		7	./	ring cause given in	PERF	N AUTOPSY	240	AVAILABLE PRIOR TO
DIC			Rond	X	illere		1 🗆 YES	2 NO		OF DEATH?
ME			Ors	0						1 TYES 2 NO
PHYSICIAN: MEDICAL										
<u>C</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 [OTHER:	PLACE OF DEATH (C				
ΙλS	1 TYES 2 NO 27. MANNER OF DEATH	28e. DATE OI		28b. TIR		IOMe 5 Residence	8 ☐ Other (Specify) 28d, DESCRIBE HOW	/ IN HIRY O	CCHIDED	
	1 Netural 5 Pending		Day, Year)	IN	JURY	WORK?	200. DESCRIBE NO	WOOM O	COUNTED	1
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE (OF INJURY — At hom	ne, ferm,			261. LOCATION (Street	t and Numb	er or Rural	Route Number,
E	4 Homicide 6 Could not be	building	, etc. (Specify)				City or Town, Ste	(e)		
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	NCIAN. To the heet o	f my knowledge dee			lete and place and de-	a to the powerful and m		etad.	
MP	(CHECK ONLY			1	/					e) end manner ee stated.
		200 3-110	11/	/						
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		1/1/2	/		29c, LICENSE NU	7/1-			0 (Month, Day, Year) B, 1990
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAL	ISE OF DEATH (ITEM	27) (Tvn	n. Print)	1 1 20	166		TOV C	שרדונט
	Dr. Poonai					mberland,	MD 2150	2		
	. Die FOOMGE				,					
	31. DATE FILEO (Morith, Day, Year) NOV 0 9 1990	a 32. REGISTR	AR'S SIGNATURE							

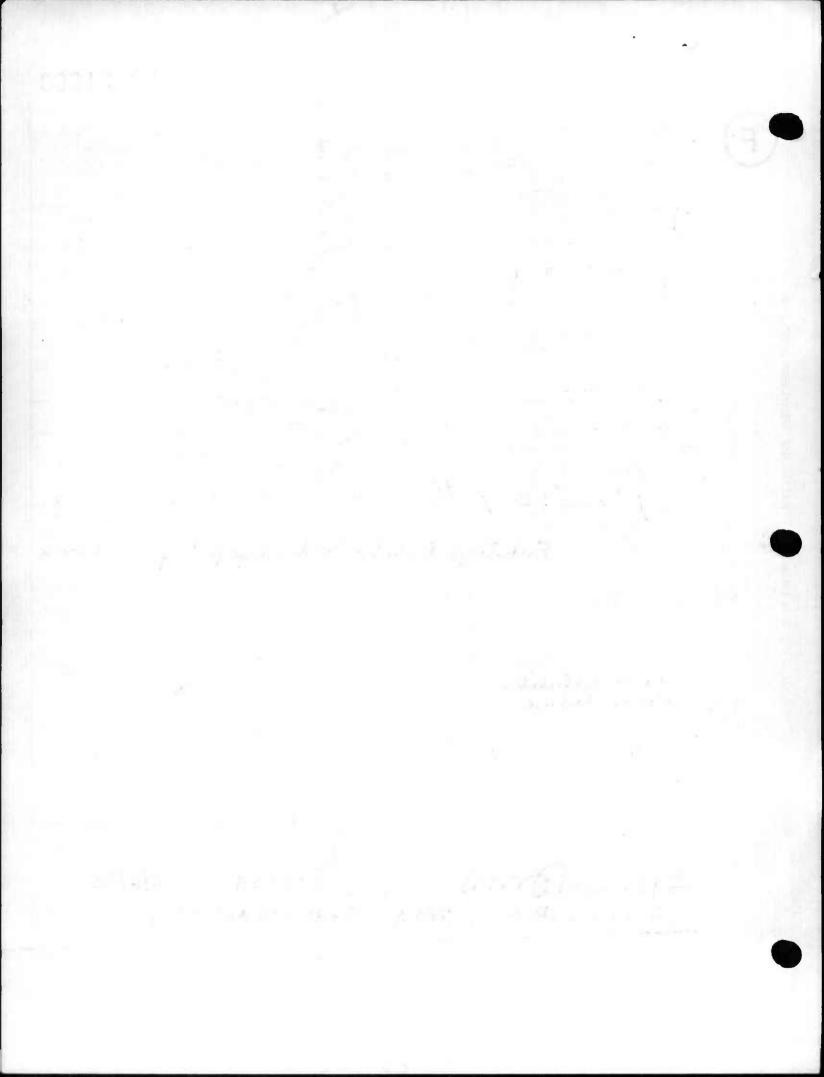
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		ar this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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BALTIMORE, MARYLAND 21203-3146	d by th	od be	
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I OF VITAL RECORDS, P.O. BOX 13146,	G PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	sate ha	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
F	SICIAN	certific	The S
0	G PHY	ar this	th with

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HONTH 04DAY 1950 MABEL MAE FLANAGAN 2:25 Pm 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 6-10-1917 216-22-5414 1 M 2 X F 73YRS. WV 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany Rawlings 1 TES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Maple Lane/P.O. Box 203 21557 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced white 8 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET ntary/Secondary (0-12) 12 housewife own home examiner must be notified at once, 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Walter M. Grogg Simmons Rebecca_.I 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Tony A. Flanagan Rawlings, MD 21557 20e. METHOD OF DISPOSITION
XIX Burlal 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of comolory, cremetory or 20c. LOCATION — City or Town, State Abe Cemetery Short Gap, WV 21, SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home anos Cumberland, MD 21502 or item 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Finel** disease or condition resulting in desth) week PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? cute cellulitis 1 TES 2 NO Renal Failure 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 27 MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, Natural 2 Accident 5 Pending 1 YES 2 NO BY TO THE HOSPITAL DR ATTENDING F
TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after death
IMPORTANT: If Item 28 is man DIVISION 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ED 4 Nomicide COMPLET 29s. CERTIFIER

(Chark note)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 11/6/90 007004 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) R. MILES 1R SAKRED HEART HOSD. MD AMAN 22. REGISTRAN'S SIGNATURE

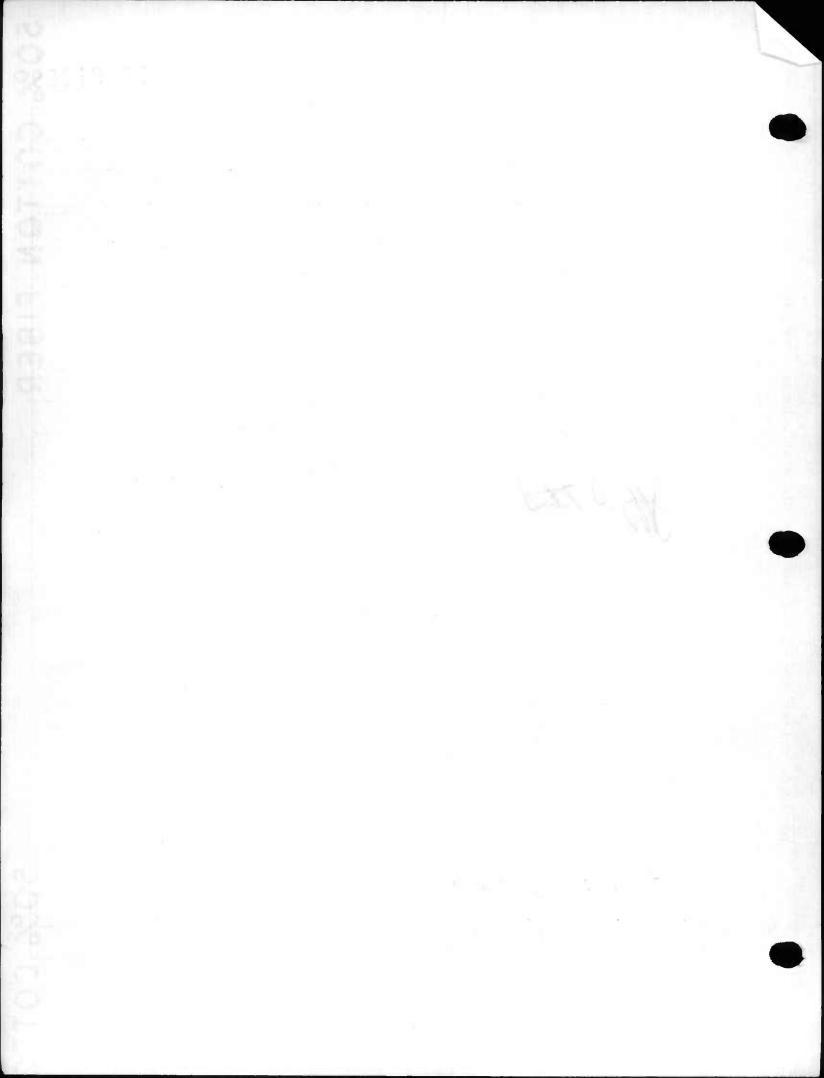


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TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up and author 20 hours after hash with the State pent of Health and Mental Hydiene prior to burdal, cremation or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIE		
ast)		2. DATE OF OEATH MONTH	DAY	
	Feitshans	November	4,	19

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL	HYGIENE REG. NO.		3180
	1. OECEDENT'S NAME (First, Middle, Last)			<u> </u>		2. DATE O	FOEATH		3. TIME OF OEATH
	Helen L.	Feitshans				MONTH	ber 4		10:45 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN	8.	BIRTNPLACE (State or Foreign
	207 20 5708 Se. FACILITY NAME (II not institution, give stre-	1 M 2 XF 8		9b. CITY, TOWN	OR LOCATION OF D	Sept	22,1		New York
TOR	Rockville Nursing	le Nursing Home Rockville						Mon	ntgomery
DIRECTOR	10s. STATE 10b. COUNTY	gomery		ckvill			-		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER	jomez j			of, ZIP CODE			10a. CITIZEN	OF WHAT COUNTRY?
7	303 Adclare Road				20850				ed States
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			13. WAS OECENOENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerte Rican, etc. 1 ☐ YES 2 ☑ NO Specify:				. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. OECEOENT'S EDUCA (Specify only highest grade or	NT'S EDUCATION 16a, OECEOENT'S USU.			done during most of working				White
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)						0-	
M	1.2 17. FATHER'S NAME (First, Middle, Lest)	_	- Bookkeeper/Secretary				nsuran		mpany
	Samuel Augusta Wilson						a Troc		
BE								4	via)
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anne E. Dickinson 10911 Brewer House Road Rockville, Mary								20852
		20	b. PLACE OF DISPOS			Moud 1			y or Town, Stata
	1 ABurial 2 Cremation 3 Remov	erial 2 Cremation 3 Removal from State other place)							gh, Pennsylvan
	21. SIGNATURE OF FUNERAL SERVICE LICE		M00689	22. NAME Home,	AND ADDRESS OF FA	e, Ind	bert 300	A. Pu West	mphrey Funera: Montgomery 0850-2805
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Diarrhea OUE TO (OR AS Gastroent	A CONSEQUENCE OF):					Onset and Death 1 week 6 weeks 2 Months
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given Parkinson's Disease Arteriosclerotic Cardiovascular Disease						24a. WAS AN A PERFORM 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one			
Sic	-37	1 Inpatient 2 ER/Ou	tpetient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	8 🗆 Other	(Specify)		
Y PH	27. MANNER OF OEATH 1 Sentural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	NJURY AT WORK?	28d. DE\$C	RIBE NOW IN	JURY OCCU	REO
	2 Accident investigation 3 Sulcide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, a ecity)	street, factory, or	fice	291. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER 1 XCERTIFYING PHYSICS								cause(s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER	711			29c. LICENSE NU	IMBER	T	29d. DATE S	BIGNED (Month, Day, Year)
BE	A object (Macos	4		D06945				
10	30. NAME AND ADDRESS OF PERSON WHO Robert C. Macon M				ckville.	Maryl	and 2	0851	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							



transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 2/203-314

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

death. Page 6 may be retained by the hos	s funeral director, page 5 should be detached.	examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2-mours after death. Page 6 may be retained by the hospital properties of the second of the properties of t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

									OF DEATH			TIME OF DEATH
Edward	Albe	rt	t Finlayson					MONT)	YEAR	2:58 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER 1		IF UNDER		7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
579-20-4020	1 XM 2 - F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	27, 1	907	Country) Montr	eal, Canad
Sa. FACILITY NAME (If not institution, give atre	net and number)			9b. CITY, T	OWN O	R LOCATH	ON OF DE	ATH		9c. COUN	ITY OF DEA	TH
4106 Glenridge Street					ens:	ingto	าท			Mor	tgome	erv
RESIDENCE OF DECEDENT	DENT									1101		
	Montgomery 100				ngt							LIMITS? YES 2 NO
10e. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CITIZ	ZEN OF WH	AT COUNTRY?
4106 Glenridge Str	reet					20	895			Uni	ted S	tates
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		H y	yes, spe		n, Mexica	n, Puerto i	l? (Specify Ye Rican, etc.)	s or No-	Black, V	- American Indian, White, etc. White
15. DECEDENT'S EDUCA	ATION	16a, DE	CEDENT'S	USUAL OCC	UPATIO	N.		16b	KIND OF BL	ISINESS/IND		
(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 4	- Ma	Do NOT us	vork done dur se retired.)	ring mod	st of working	ng					
	3+	, i	brar	ry Science				U.	S. Li	brary	of C	ongress
17. FATHER'S NAME (First, Middle, Last)						_	HER'S NA	_	Middle, Malder			
Albert Edward Finl	layson					Mar	gare	et Wa	lton			
19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	A ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
Edward G. Finlayson 9519 Good Lion Road Columbia, Maryland								045				
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS						_	CATION —		
1 ☐ Burial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	val from State	Mon t	gomei	ry Cre	ema	tori	um,	Inc.	Bet	hesda	, Man	ryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Will EBour M00672 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphre Home/Bethesda-Chevy Chase, Inc. 75 Wisconsin Avenue, Bethesda, Mary 13501							ey Funer 557 Iand 208					
23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cad	Coursed the dese on each line	ies		he mo	de of dy	ing, suc	h aa can	diac or reap	oiratory arr	eat,	Approximate Interval Betwee Onset and De
	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	F):								
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events					erlying	g cause (given in	Part I.	24a. WAS AI PERFO	RMED?	a c	/ERE AUTOPSY FINDIN ANLABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 \(\square\) NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditiona Alcoholism 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		death but not r	esuiting		26. PL	ACE OF D	DEATH (C)	neck only or	PERFO	RMED?	a c	MAILABLE PRIOR TO COMPLETION OF CAUS
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111 Penn St.

Ann M. Dixon,
31. DATE FILED (Month, Day, Year)
NOV 05 32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle

Chief

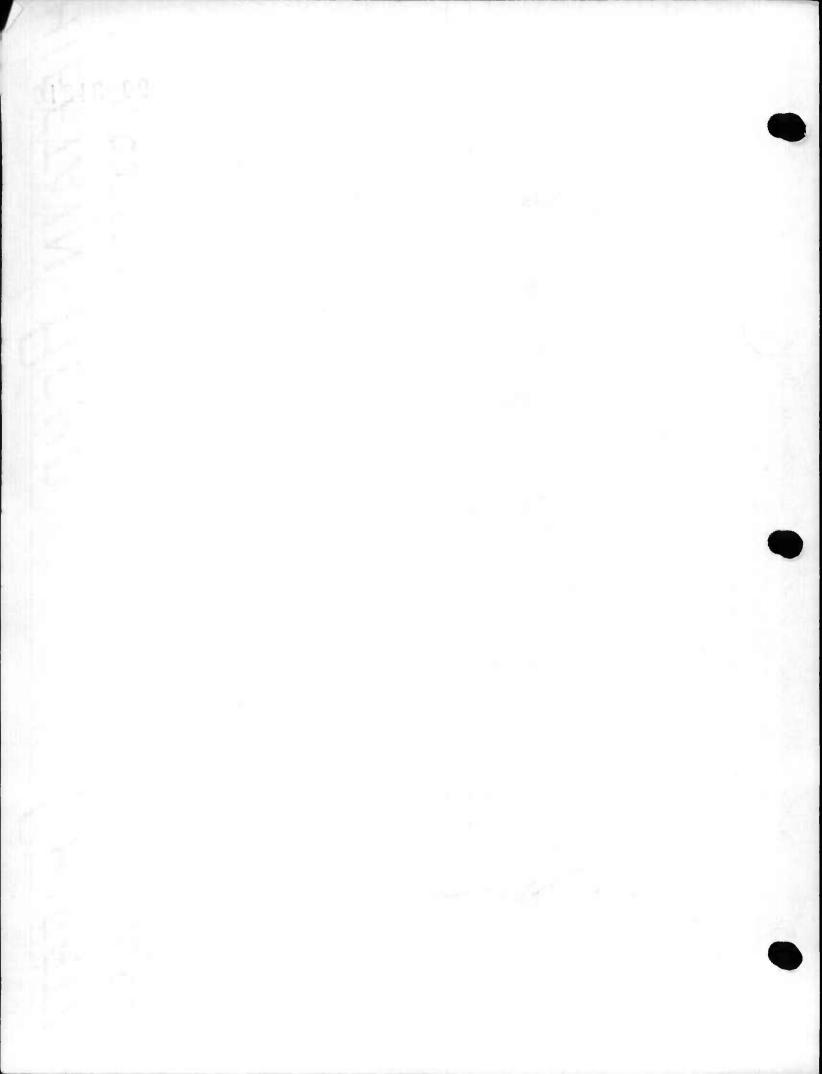
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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extriburs after death. Page 6 may be retained by the hospital or imment of physicians.	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use at the terms of the funeral director, page 5 should be defached for use at the first think the first of t	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

. DIRECTOR: A ! hours after d

TO THE HOSPITAL D
TO THE FUNERAL D
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IMPORTANT: If IN

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR November 1, 10:55 A.M. 1990 Agnes Noonan Fahl 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthdev) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYE HOURS 1 M 2 K F 98 YRS. May 17, 577-10-8905 D 1892 New York Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BC. COUNTY OF DEATH DIRECTOR 116 Quincy Street Chevy Chase Montgomery 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Chevy Chase 1 TYES 2 ND FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20815 116 Quincy Street United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 2X ND FDRCES? 1 YES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR DR DATES 1 TYES 2 ND Specify: Specify: B 3 🔣 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY nentary/Secondary (0-12) College (1-4 or 6+) Homemaker Own Home 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Ennis Thomas Noonan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elizabeth Fahl 116 Quincy Street, Chevy Chase, Maryland 20815 20e. METHOD OF DISPOSITION
1 Ki Burial 2 Cremation 3 Rer 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Ft. Lincoln Cemetery 4 Donation 6 Other (Specify) Brentwood, Maryland Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave., Bethesda, M 21, SIGNATURE OF FUNERAL SERVICE LICENS M00198 terral Tall 20814-350 23. PART I. Enter the diseeds, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** ahock, or haert fallure. List only one cause on each line Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Cardiorespiratory arrest resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Atherosclerotic cardiovascular disease CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES XX NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: YES 2 XNO ng Home XXResidence 6 - Other (Specify) 4 - N 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27, MANNER OF DEATH 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF XXXIIIatural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined COMPLETED 4 🗌 Homicide 29a. CERTIFIER XIX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER D37840 Nov. 1, 1990 TO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Brent Berger, M.D 5410 Connecticut Avenue, NW Washington, D.C. 20015

NOV 05 32. REGISTRAR'S SIGNATURE Julia Davidson Randoll oo" vuun " ii

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	On street into the professional The last manuface that the dands and the dands and
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MARY O	. FITZG	ERALD			MONTH		YEAR 7 20 A	
4. SOCIAL SECURITY NUMBER 213 - 12-0/35			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-26	-22	BIRTHPLACE (State or Foreign Country) MARYLAND	
SA. FACILITY NAME (If not institution, give str STELLA MAR	neet and number)			R LOCATION OF DE		9c. COUNT	Y DF DEATH LTI HORE	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY	TOWN DR LOCAT	ION			10d, INSIDE CITY	
MARYLAND A	ANNE ARUND		JE	SSUP			1 YES 2 NO	
78 D JANE COUL	RT		101	20 7 94			J.S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR DR 0	2 ZND	If yes, sp	ENDENT OF HISPAN poilty Cuben, Mexica 2 ND Specifi	IIC DRIGIN? (Specify 1 n, Puerto Rican, etc.) /:	es or No 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Illa. Do NOT use i	k done during mo		18b. KIND OF B	HOMEN		
17. FATHER'S NAME (First, Middle, Last) CHARLES RAYMONI	RAEKE				ME (First, Middle, Maidle IA OBERI		2	
190. INFORMANT'S NAME (Type/Print) PENELOPE C. KR		78 D	JANE	COURT-	Route Number, City or R JESSUP, M			
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remo	METRO CF	TIDN (Name of commetery, cremetery or REMATORY, INC. CATONSVILLE, MD						
21. SIGNATURE OF INNERNAL BERVICE LICE		man	RAYM	OND C.	FINK FU	NERAL	HOME 21061	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):						
PART II. Other algnificant conditions	contributing to deeth	but not resulting in	the underlyin	cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDING	
					19100	DRIMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	HOSE	PICE					
27. MANNER OF DEATH 1 Natural 6 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. IN.	e 6 Residence URY AT RK? rES 2 NO	6 (A) Other (Specify) 28d. DESCRIBE HON			
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, str polity)	eet, factory, offic	et, factory, office 26f. L		81. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
anal	CIAN: To the best of my known						i. cause(e) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	1 /10 -	ande	10	29c. LICENSE NUI	MBER -087	29d. DATE	SIGNED (Month, Day, Year) - 6 - 9()	
30. NAME AND ADOMESS OF PERSON WHO CARLA S. ALEXA				SON, MAI	RYLAND E 2300 D	212 ULANE	04 Y VALLEY RD	
NOV 0 7 1990 July	20. REGISTRARYS SIG	MATURE						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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cause. Enter UNDERLYING CAUSE (Disease or Injury

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_	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,			D / DEPAK CERTIFI			EALTH AND N DEATH		REG. NO			3. TIME OF DEATH D
	ELMER				OSTER				EMBER .	5, 1	990°	0615 P
	4. SOCIAL SECURITY NUMBER 416–26–0610	5. SEX	6. AGE (In yn	IF UNDER 1	PAST SYAC	IF UNDER 24 HRS. HOURS MIN.	(Month Day Year) Co.			Country	PLACE (State or Foreign SSISSIPPI	
	90. FACILITY NAME (If not institution, give street and number) KIMBROUGH ARMY COMMUNITY HOSPITAL					B. CITY, TOWN OR LOCATION OF DEATH FORT MEADE SC. COUNTY OF DEATH ANNE ARUNDEL						
DINE.										10d. INSIDE CITY LIMITS? 1 YES 2 NO		
EHAL	10e. STREET AND NUMBER 141 PINEVIEW DRIVE					101, ZIP CODE 109, CITIZEN OF V 21108 U.S.A.				HAT COUNTRY?		
101	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1 9 4 3 - 1 9 6 9				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: BLACK					, White, etc. y:		
recien	(Specify only highest grade completed) (Give kind of life. Do NOT life				DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working le. Do NOT use retired.)			SELF EMPLOYED			D	
	17. FATHER'S NAME (First, Middle, Last)		<u> </u>	MECHAN	18. MOTHER'S NAME (First, Middle, Meiden Surname)				ע			
	LONZEY FOSTER					OCTAVIA POOLE						
2	DOLLIE E. FOST	ER					nd Number or Rural F W DR . M					. 21108
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) MARYLANI				VEI	ER	AN CEME		Y CR	OWN	City or Too SVIL	
	21. SIGNATURE OF FUNERAL SERVICE I	H REO	00				& SONS					ANNAPOLIS
	23. PART I. Enter the dieeeses, or ehock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)											Approximate Interval Between Onset and Death

that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 PHO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? T YES AN NO

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25. WAS CASE REFERRED TO MED EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 9 NO ce 6 C Other (Specify) 4 D Murai 26d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH DATE OF INJURY 1 E Haturel 2 Accident 3 Suicide

28c. INJURY AT WORK? 1 YES 2 NO

281, LOCATION (Street and Number or Flurel Route Number, City or Flure, Street)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time,

2 MEDICAL EXAMINER: On the basis of ea 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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M 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Butter Company HOSPITAL. FT. MEADE, MD 20755-5800

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ביולין ויאון ישוחים ויאון	s after death. Page 6 may be retained by the hos	led in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13145,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within s after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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j	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN		0 31814
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ţ	8	FRTHA	HELEN	FRIT	7	NOVEMBER 01		12:45 P M
- 1			rs. last birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	2/2059055 1	1 DM 2 XF 8	9 YRS. MON		HOURS MIN.	12-4-19	90 B	PALTO. MD.
5	NORTH ARUNDEL HOSP			EN BURN			- 12 G.M.	RUNDEL COUNTY
DINECTOR	10a, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCAT	ON	10d. INSIDE CITY LIMITS?		
	Maryland Anne	Arundel	Ed	gewat	ZIP CODE		10g. CITIZEN	1 YES 2 NO
LONELVE	35 South River	Road			21037		U	.S.A.
מו ייטו	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	- Buo	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade co	ompleted)	a. DECEOENT'S USU. (Give kind of work of life. Do NOT use reti	ione during mos		16b. KINO OF BU	SINESS/INOUS	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	Home	maker		Hon	le	
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
N N	Unknown 19s. INFORMANT'S NAME (Type/Print)		10h MAII ING ADD	DEGG /Street a		ROWN Route Number, City or Tow	m State 7in Co	dal
2	Shirlev Schnoo							r, MD 21037
	20s. METHOD OF DISPOSITION	20b. PL	ACE OF DISPOSITIO					or Town, Stata
	1 M Burisi 2 □ Cremation 3 □ Remove 4 □ Donation 6 □ Other (Specify)		Glen H		Cemeter		n Bur	nie, MD
	21. SIGNATORE OF PUNERAL SERVICE/LICEN	(Seroles)		Tayl		eral Chap ter St		214 ₀₁
ENITION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO	DISSECUENCE OF:	fa!	June !	Congett	of He	Onset and Death
THISICIAN: MEDICAL OF	PART II. Other aignificant conditions Electrol Failure	contributing to death but HE FLY Fe HILLIE	not resulting in the	y sp	cause given in	Part 1. 24a. WAS AP PERFO 1 □ YES	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 1.22		ACE OF DEATH (Ch	eck only one)		
5	1 YES 2 NO	1 Jopatiant 2 - ER/Outpatie	ent 3 DOA 4			6 Other (Specify)		
	27. MANNER OF CEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT RK? 'ES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUP	RED
ED 67	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)				281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE	one)	IAN: To the best of my knowleds On the basis of axamination as						
0 00 0	296. SIGNATURE AND TITLE OF CENTURER	im	m,D		29c LICENSE NU	MBER /	29d. DATE 9	SIGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO FDWARD N. SHERWAN N 31. DATE FILEO (Month, Day, Year) NOV 0 7 1990 Juhia	COMPLETED CAUSE OF DEATH M.D. 95 AOLIAHA 32. REGISTRAR'S SIGNATU	RT RD #203		BURNIE, M	RYLAND 2106	1	

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Mark Co. Carlotte

S. P. WATKINS

31. DATE FILED (Month, Day, Year)

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	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT RTIFICATI			TAL HYGIENI REG. NO.	90	31815		
	SOCIAL SECURITY NUMBER 5.	SEX 6. Jac (in yrs. lest of number)	YRS. MONTHS	DAYS HOURS	R 24 HRS. 7. D. (A	ATE OF BIRTH Month, Day, Year)	9 0.8	MIRTHPLACE (State or Foreign ountry) Ohio		
DIRECTOR	Anne Arundel Med RESIDENCE OF DECEDENT 108. STATE 106. COUNTY	ical Center	A 10c. CITY, TOWN	nnapol:	is		Anne	Arundel 10d. INSIDE CITY LIMITS?		
FUNERAL DIF	Maryland Anne 100. STREET AND NUMBER 548 Epping Fore	Arundel	Anna	polis 101. ZIP COI	DE 1401	1 □ YES 2 □ 109. CITIZEN OF WHAT COUNTRY?				
B	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☒N IF YES, GIVE WAR OR DATES	0	WAS DECENDENT If yes, specify Cub 1 YES 2 KNO	OF HISPANIC OF an, Maxican, Pue	PANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Ican, Puerto Rican, atc.)				
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade corn) Elementary/Secondary (0-12) Co	pleted) (Gh ille.	ve kind of work done Do NOT use retired.)	during most of work	ding	Home		al.A.		
BE	17. FATHER'S NAME (First, Middle, Lest) Philip Gans 19a. INFORMANT'S NAME (Type/Print)	196	, MAILING ADDRES	C	risti	ne Lami Number, City or Town	berti	e)		
10	Robert E. Funk. 20a. METHOD OF DISPOSITION 1 © Burles 2 Cremetion 3 Removel 4 Donation 5 Other (Specify) 21. Supharuse of Funeral Service Licens	1rom Stale 20b. PLACE (of disposition (N		ematory or	20c, LO	CATION — City	is.MD 21401 or Town, State S. MD		
	23. PART I. Enter the diseases, pr com	Juyar plications that caused the de	1	47 Glo	aceste	1 Chape	Annape			
	ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) a	Only one cause on each line. DUE TO (OR AS A CONSEC	urem	21	ung	TEL-2119 - 10797		Interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSEC	mutu DUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other algoliticant conditions of	ontributing to death but not r	esulting in the u	nderlying cause	given in Part	I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO		
SICIAN		OSPITAL: ER/Outpatient 3	DOA 4 N		DEATH (Check of					
BY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2	□ NO	I. DEŞCRIBE HOW I				
COMPLETED	4 Homicide datarmined 29s. CERTIFIER CERTIFYING PHYSICIAL	building, sic. (Specify) N: To the best of my knowledge, de			ce, and due to th	City or Town, State)				
	Check Only	On the basis of axamination and/or		opinion, death oc		, data and placa, ar	nd due to lhe ce	GN/ED (Mgnth, Day, Year)		
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	D 57	0811	100m	7115	8MD 21701		
	S.P. WATKINS	51 FR1	T/V F-164	2/	10	10/0/11/0		840 51101		

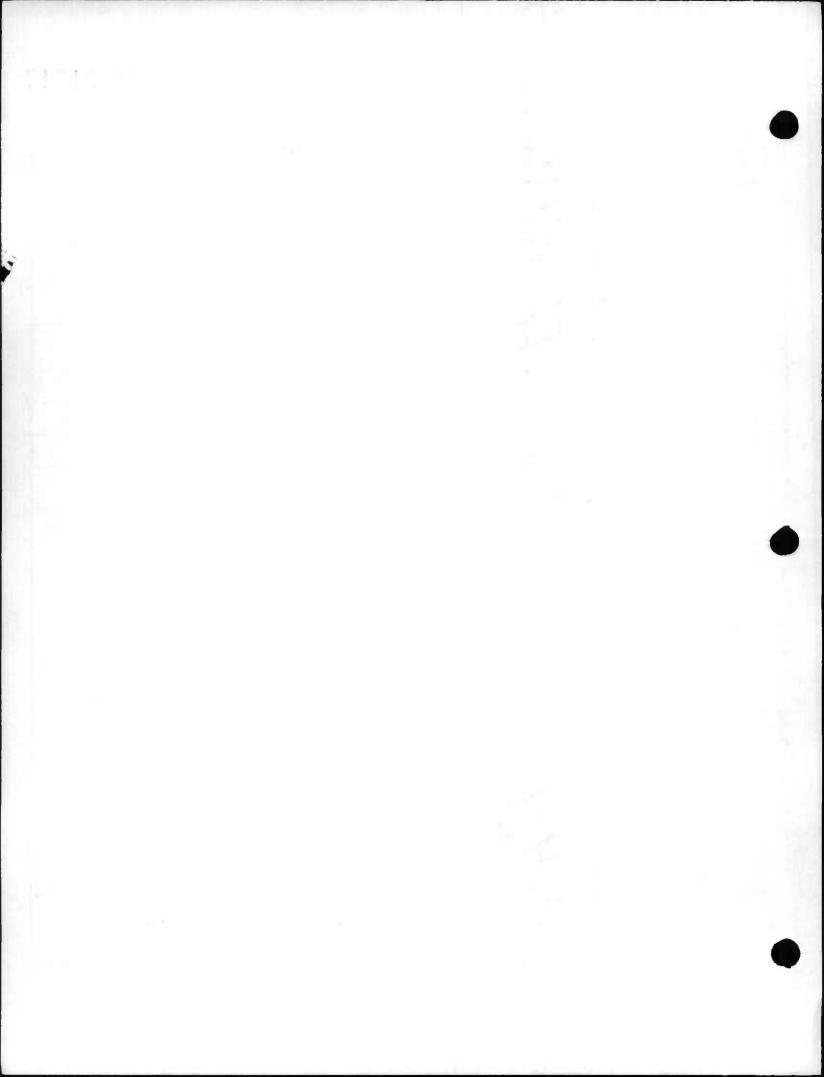
Tall and the same

BALTIMORE, MARYLAND 21203-3146	mours after death. Page 6 may be retained by the hospital or attending physici	ed in by the funeral director, page 5 should be detached for use as the burial or removal,	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mous after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE REGISTRAR	SIAIE UP N		RTIF	ICATE O	F DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATN			3. TIME OF DEATN
	Joe F	H. Frey		D.			НТИОМ	29		YEAR D	3:54 P M
	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. lasi	birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF E	BIRTN		a. BIRTNI	PLACE (State or Foreign
١.	183-07-4173	1X) M 2 □ F	76	YRS.	MONTHS DAY	S HOURS MIN.	(Month, De		- 1	Country)
/	9a. FACILITY NAME (If not institution, give s		70	1,74.7	Sh CITY TOW	N OR LOCATION OF DE	June 3		9c. COUN		sylvania
DIRECTOR	11610 Idlewood F	,				er Spring	EAIN			tgom	
5.	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	v		40a CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
E		Montgom		100. 011							LIMITS?
9	Maryland	ery		Sil	ver Spring	<u>a</u>				1 TES 2 NO	
FUNERAL	11610 Idlewood				20906	6 United States					
5	11. MARITAL STATUS		T EVER IN U.S. ARI				NIC ORIGIN? (Specify Yea or No. 1				— American Indian, , White, atc.
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	YES 2 XX)N MAR OR DATES	0		H yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify: White						
	15. DECEDENT'S EDU		18a. DE	CEDENT'S	USUAL OCCUP	ATION	16b, KJN	ID OF BUSII	NESS/IND	JSTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	1Hm	ve kind of Do NOT u	work done during se retired.)	most of working					
7	12	-		Mach	ninist		US	Geol	ogic.	al S	urvey
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					16. MOTNER'S NA				u	uzvey
	Charles Fre	èv					Bessie	Mot	7		
BE	19a. INFORMANT'S NAME (Type/Print)	4	198	MAILING	ADDRESS (Str	et and Number or Rural				Code)	
2	Mrs. Sara L. Frey	7				ood Road,					20006
	20s. METHOD QE DISPOSITION					cemetery, cremetory or	prive	20c. LOC			
	1 Buriai 2 X Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other pla	ce)							
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE /	Money	Omer	22. NAM	atorium,	CHUTY ROY	pert	n D	imph	roy Funoral
	Micheles	P. Hull	M003	48	Hom Ave	e/Rockvill ., Rockvil	le, Înd	rvla	W 000	Mo	rey Funeral ntgomery
	23. PART I. Enter the diseases, or	complications the	7-								Approximate
	shock, or heart failure.	List only one ceu	isa on each lina					•	·		Interval Between Onset and Death
	IMMEDIATE CAUSE (Finsi disesse or condition	A #7		-	- 1000 C	CALCON					8mo.
	resulting in death)	S. DUE TO	(OR AS A CONSEC	DUENCE C	DE:	Chace					orno,
_	_			10/03/17							i /
CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSEC	DUENCE C	PF):						+
¥	if eny, laeding to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE C	OF):						
E	resulting in daeth) LAST										
빙		d.									
	PART II. Other significant condition	ns contributing to	daath but not r	esulting	In the under	ying cause given in	Part I. 24	B. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5							1	YES 2	D'NO.		COMPLETION OF CAUSE OF DEATH?
Ä											1 TES 2-TONO
=											
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					B. PLACE OF DEATH (C	heck only one)				
Sic	1 YES NO	HOSPITAL:	ER/Outpatient 3	□ 00A	OTHER:	Home 5 Realdance	8 Other (S)	pecify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	28a. DATE OF (Month, L	F INJURY	28b. TII	WE OF 28c	INJURY AT WORK?	28d. DEŞCRI	BE NOW IN	JURY OCC	CURED	
ВУР	1 Natural 8 Pending	(Month, E	yay, rown			YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE C	OF INJURY — At ho	ma, farm,	atreet, factory,	offica	281. LOCATIO	ON (Street ar	nd Number	or Rural F	Toute Number,
E	4 Nomicide determined	- Culturing	etc. (Specify)				City of it	own, State)			
9	29a. CERTIFIER	ICIAN: To the best of	l my knowledge de	ath occur	red at the time	data and placa, and du	e to the course	a) and mane	ner se stat	ad.	
COMPLET	CONSTRUCTION CONTROL C	7.) and menner as stated.
8							2011010				Commence and the
H	396 SIGNATURE AND TITLE OF CERTIFIE	Ch.	D			D296. LICENSE NU	75		29d. DAT	lo 3	(Month, Day, Year)
5	ROLPH ROCH	HO COMPLETED CAU	SE OF DEATH (ITE	M 27 (Np		7814225	W	#	UL	R	xia.le
	31. DATE FILED (MORTH, Day, Year)	22 DEGISTR	AR'S SIGNATURE	م		, - 1 - 1 - 5 P P	-1-	* (1	-100/1/
	1100 01 9(, gu	hia Davidson	Mar	de Pe						

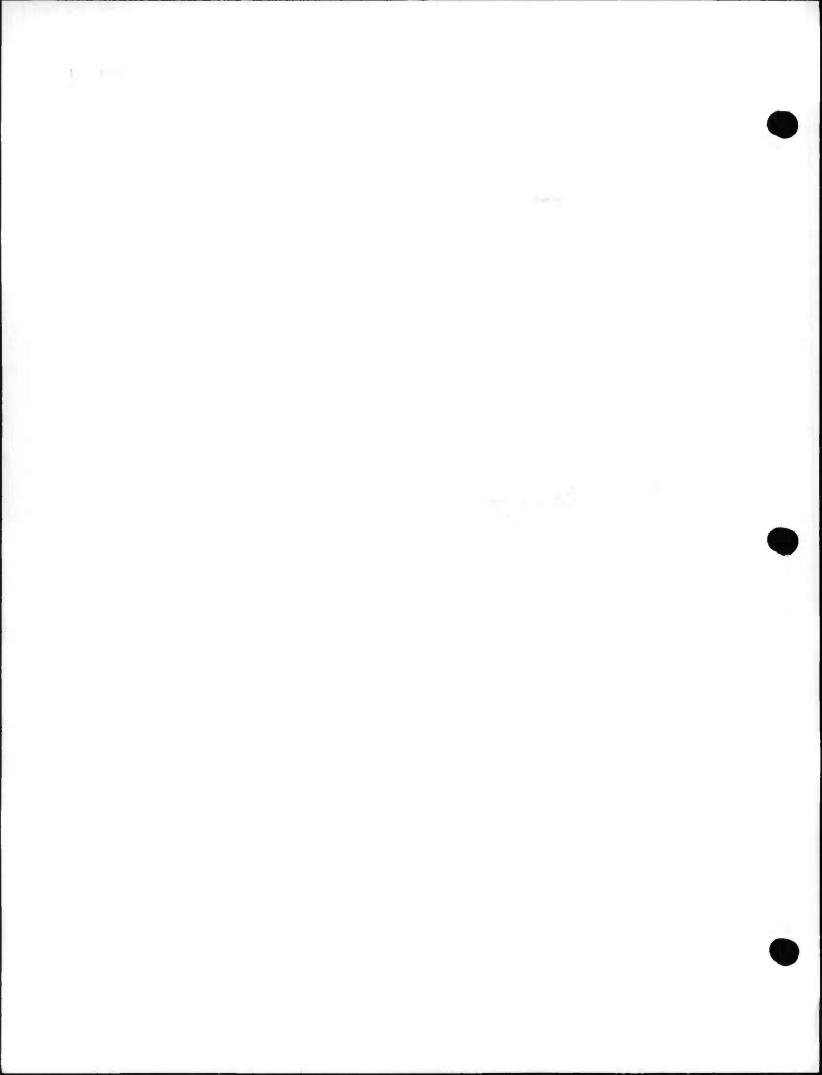
REGISTRAR		CERTIFIC	AIE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI		VEAR 3.	TIME OF DEATH
Ethel	М.	Fis	sher					9:36 AM
4. SOCIAL SECURITY NUMBER 154-38-5091	1 🗆 M 2 💢 F	94 YRS. M	ONTHE DAYS	HOURS MIN.	May 19	, 1896	Country) Miss	
Bethesda Retirem								
10s. STATE 10b. COUNT								d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER				ZIP CODE		100	EN OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	If yes, spe	ENDENT OF HISPANIC		ecity Yes or No—	4. RACE —	American Indian, Thite, etc.
15. DECEDENT'S ED	UCATION le completed	16a. DECEDENT'S US	RUAL OCCUPATIO	N et of working	16b. KIND	OF BUSINESS/INDU	STRY	White
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	life. Do NOT use r	etired.)			Own Home		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM				
	oore	195. MAJLING AF	DDRESS (Street a				Social	
The state of the s	r					and the same of th		0815
20a. METHOD OF DISPOSITION 1	moval from State	other place)			nc.			
21. SIGNATURE OF FUNERAL SERVICE L	icensee	M00198	Robert	A. Pump	hrey F	uneral Ho hase, Inc Bethesda	me/	20814-35
	a. Mascarde	and Interesting	m					Approximate Interval Between Onset and De
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c							
PART II. Other significant condition	ons contributing to deat	h but not resulting in	the underlying	g cause given in F		PERFORMED?	AN CX OI	ERE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION OF CAUSI F DEATH?
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Che	ck only one)			
	HOSPITAL: 1 Inpetient 2 ER/	Outpatient 3 DOA 4	-	e 5 🗆 Residence (Other (Spe	ocify)		
1 ☐ YES 2XXNO			OF 28c, INJ	URY AT	26d. DESCRIB	E HOW INJURY OCC	URED	
1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye.	nr) INJUF	M 1 U	RK? (ES 2 NO				
27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye.	er) INJUF URY — At home, ferm, str	M 1 U	rES 2 NO	281. LOCATION City or Tox	(Street and Number om, State)	or Rural Rou	te Number,
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Provided Book Could not be determined 29a. CERTIFIER Check only	28a. DATE OF INJU (Month, Day, Ye. 28a. PLACE OF INJ	ury — At home, ferm, stro specify)	M 1 N	rES 2 NO	Oity or Tox	on, State) and manner as state	d .	
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Provided Book Could not be determined 29a. CERTIFIER Check only	28a. DATE OF INJU (Month, Dey, Value) 28a. PLACE OF INJ building, etc. (SICIAN: To the best of my k VER: On the basis of examin	ury — At home, ferm, stro specify)	M 1 N	rES 2 NO	City or low to the cause(s) time, date and	and manner as state place, and due to the 29d. DATE	d. cause(s) a SIGNED (M	
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFER (Check bry one) 2 MEDICAL EXAMINATION ONE) 29b. SIGNATURE AND TITLE OF CENTRE	28a. DATE OF INJU (Morath, Dey, Ye 28a. PLACE OF INJ building, etc. (SICIAN: To the best of my k HER: On the basis of examin	ury — At home, ferm, str Specify) nowledge, death occurred sation and/or investigation,	M 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 N	and place, and due to eath occurred at the to 29c. LICENSE NUM 3422	City or Tou to the cause(s) time, date and BER	and manner as state place, and due to the 29d. DATE OC	d. cause(s) a signed (M tobe1	nd manner as stated
	Ethel 4. SOCIAL SECURITY NUMBER 154-38-5091 9e. FACILITY NAME (If not institution, give Bethesda Retirem FRESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARY IND. 10c. STREET AND NUMBER 7004 Hillcrest 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middie, Last) Matthew Henry M. 19a. INFORMANT'S NAME (Type/Print) Robert M. Fishe: 20a. METHOD OF DISPOSITION 1 Burlad 2 M Cremetion 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L MATTIL Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Ethel M. 4. SOCIAL SECURITY NUMBER 154-38-5091 9a. FACILITY NAME (If not institution, give street and number) Bethesda Retirement & Nursi RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery 10c. STREET AND NUMBER 7004 Hillcrest Place 11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ 17. FATHER'S NAME (First, Middle, Last) Matthew Henry Moore 19a. INFORMANT'S NAME (Type/Print) Robert M. Fisher 20a. METHOD OF DISPOSITION 1 Durial 2 El Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PALL Last Only one cause of Industry that initiated events resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL	Ethel M. Fis 4. SOCIAL SECURITY NUMBER 154-38-5091 9. FACILITY NAME (If not institution, give street and number) Bethesda Retirement & Nursing Center RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Montgomery 100. STATE 100. COUNTY Maryland Montgomery 100. STATE 101. COUNTY Montgomery 102. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WINDOWN MARTINE (I PER S. GIVE WAR OR DATES 14. DECEDENT'S EDUCATION 150. DECEDENT'S EDUCATION 150. DECEDENT'S EDUCATION 150. MARTING (I PER S. GIVE WAR OR DATES 17. FATHER'S NAME (First, Middle, Last) Matthew Henry Moore 190. INFORMANT'S NAME (I (Ppe Print)) Robert M. Fisher 200. METHOD OF DISPOSITION 11. Buried 2 M Cremetion 3 Removal from State 100. PLACE OF DISPOSITION 11. Duried 2 M Cremetion 3 Removal from State 10. MARTING AND AND AND AND AND AND AND AND AND AND	Ethel M. Fisher 4. SOCIAL SECURITY NUMBER 154-38-5091 10 M 2 XF 94 YRS. MONTHS DATE 194 YRS. MONTHS DATE 195 FACILITY NAME (If not institution, pive street and number) Bethesda Retirement & Nursing Center Chesiblence of Decebery 106. STREET AND NUMBER 7004 Hillcrest Place 11. MARTAL STATUS 12. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Conlege (1-4 or 5-) 5+ Homemaker 17. FATHER'S NAME (First, Middle, Last) Matthew Henry Moore 108. MICHONANTI'S NAME (Properind) Robert M. Fisher 209. PLACE Of DISPOSITION (Name of care with place) 109. PLACE Of DISPOSITION (Name of care with place) 219. NAMETHOD OF DISPOSITION (Name of care with place) 220. METHOD OF DISPOSITION (Name of care with place) 230. PLACE OF DISPOSITION (Name of care with place) 241. MONTAUR OF FUNERAL SERVICE UCENSEE MO0198 252. NAME AS A CONSEQUENCE OF): 253. PART I. Enter the digesses, or complications that caused the death. Do not enter the most shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final diseases or conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions contributing to death but not resulting in the underlying that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DISPOSITION (Name of care with place) 100 or of the death of the death of the cause. Enter UNDERLYING A. DUE TO (OR AS A CONSEQUENCE OF): 26. DUE TO (OR AS A CONSEQUENCE OF): 27. DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 29. PLACE OF DISPOSITION (Name of care with place) 20. PLACE OF DISPOSITION (Name of care with place) 20. PLACE OF DISPOSITION (Name of care with place) 21. NAME AND CAUSE (Place) 22. NAME AND CAUSE (Place) 23. WAS CASE REFERRED TO MEDICAL 24. METHOD OF DISPOSITION (Name of care with place) 25. WAS CAS	Ethel M. Fisher 8. SOCIAL SECURITY NUMBER 15.4—38—5091 10 M 2 (XF 94 YNS. MOTTINE DAYS HOUSE MESS. 15.4—38—5091 11 M 2 (XF 94 YNS. MOTTINE DAYS HOUSE MESS. 15.4—38—5091 18. FACILITY NAME (**not institution, give street and number) Bethesda Retirement & Nursing Center **Chevy Chase Chevy Chase Chevy Chase Trees AND Number 100. CITY, TOWN OR LOCATION OF DEA CHEVY Chase 100. STREET AND NUMBER 7.004 Hillcrest Place 10 Norther Name (**Not Stripe St	Ethel M. Fisher Octobe 8. SOCIAL SECURITY NUMBER 1.5.4—38—5091 1. M 2 XF 94 YPS. MONTHS MAY HOURS MISS. 7. DATE OF BIRD 98. FRACHITY NAME (*F not institution, give street and number) 89. FRACHITY NAME (*F not institution, give street and number) 89. CTY, TOWN OR LOCATION OF DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OF DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. COUNTY TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOWN OR LOCATION OR DEATH 80. STATE TOR. CTY, TOW	Ethel SEX B. AGE (in yrs. set before) SEX B. AGE (in yrs. set be	Ethel M. Fisher S. SCA A. AGE (in yrs. but brinding) 154 — 38 – 5091 S. S. AGE (in yrs. but brinding) 154 — 38 – 5091 S. S. AGE (in yrs. but brinding) 154 — 38 – 5091 S. S. MCLITY MAME (in an institution, give street and number) S. S. MCLITY MAME (in an institution, give street and number) S. S. MCLITY MAME (in an institution, give street and number) S. S. THE A. AGE (in yrs. but brinding) S. S. COUNTY OF DATA Bethesda Retirement & Nursing Center Chevy Chase Montgomer Restricted Of DECEDERY S. STATE MARY Land Montgomery S. STATE MONTH OF DOOR S. STATE MONTH OF DOOR S. STATE AND HAMBER 7004 Hillcrest Place 154 MOS DECEDERY (Pash Montgomery) S. STATE AND HAMBER 7004 Hillcrest Place 155 MOS DECEDERY (Pash Montgomery) S. STATE AND HAMBER 7004 Hillcrest Place 156 MOS Seadly: S. WAS DECEDERY (Pash Montgomery) S. S. WAS DECEDERY (Pash Montgomery) S. S. WAS DECEDERY (Pash Montgomery) S. S. WAS DECEDERY (Pash Montgomery) S. S. WAS DECEDERY (Pash Montgomery) S. WAS DECEDERY (Pash Montgomer



DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFI	CALE	OF DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)		•			2. DATE OF DEATH MONTH	MY YE	3. TIME OF DEATH	
Alva G. Freeman					November	5, 199	0 12:30 PM	
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest birthday)	IF UNDER 1 YE		7, DATE OF BIRTH		BIRTHPLACE (State or Foreign	
523-10-9213	1 XM 2 - F	76 YRS.	MONTHS DA	YS NOURS MIN.	Dec. 8, 1	913	Kansas	
9e. FACILITY NAME (If not institution, give s			9b. CITY, TO	WN OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH	
Shady Grove Adver	ntist Hospi	tal	Roc	kville		Montg	omery	
10a. STATE 10b. COUNTY	,	10c. CITY	, TOWN OR L	OCATION			10d, INSIDE CITY	
Maryland Free	derick	F	reder	ick		1 YES 2 X NO		
10e. STREET AND NUMBER				10f, ZIP CODE	10g. CITIZEN	10g. CITIZEN OF WHAT COUNTRY?		
6886 Crabapple Co	ourt			21701		United	d States	
11. MARITAL STATUS 1 Never Merried 2 XMerried	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMED		DECENDENT OF HISPAI		ns or No— 14.	RACE — American Indian, Black, White, etc.	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White								
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	PATION og most of working	16b. KIND OF B	JSINESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	e retired.)					
	4	Chief Su Accounta	ht	501 y	Civil S	Service	Commission	
17. FATHER'S NAME (First, Middle, Last)				The second second second	ME (First, Middle, Meide	n Sumeme)		
Marcus W. Freeman	1		400mm===		e Reed	A . = 6		
190. INFORMANT'S NAME (Type/Print) Frances M. Freema	272			reet end Number or Rural				
20a. METHOD OF DISPOSITION	211	20b. PLACE OF DISPOS		ple Court				
1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place)	TION (Name of cometer), cremetory or y Crematorium, Inc. Bethesda, Maryland					
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805					
· With EX	our)	M00672	Av	me/Rockvil enue, Rock	ville, Ma	yland	20850-2805 ^{ry}	
23. PART I. Enter the diseeses, or ahock, or heart fellure.			ot enter the	mode of dying, suc	ch as cardiac or res	piratory arrest	Approximate Interval Between	
IMMEDIATE CAUSE (Finel	clat Only one cause	on each line.					Onset and Death	
disease or condition reaulting in death)	. Pne	AS A CONSEQUENCE OF	a				J days	
	DUE TO (OR			,	1			
Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE OF		1 Fa	Lurt			
if any, leading to immediate cause. Enter UNDERLYING	1		,-					
CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	F):					
reaulting in deeth) LAST	d							
PART II. Other significent condition	as contributing to dec	oth but not resulting i	n the unde	rlying ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
Lunarytiv	e Ut	aut F	aila	a.V. t	PERF	2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Diabeter				•		X	1 - YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSEITA			26. PLACE OF DEATH (C	heck only one)			
1 VES 2 NO	NOSPITAL: 1 ■ Inpatient 2 □ ER	/Outpatient 3 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,)		URY	c. INJURY AT WORK?	28d. DESCRIBE HOV	INJURY OCCUR	BED	
1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO								
3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, stree1, 1ectory, office building, etc. /Specific publishing, etc. /Specific publishing, etc. /Specific publishing, etc. /Specific publishing, etc. /Specific							
290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge death assu-	ad at the day	data and alone and di-	a to the council and	anner en et-t		
CONSOL ONLY							euse(e) and menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	IMBER	29d. DATE SI	GHED (Month, Day, Year)	
Chiston U	ATA V	10		0318	39	11/	6/90	
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE O			15 West	mont	go when	AUF	
Christopher	LUUNT	ford	R	ockvill	ma	/ /	20850	
31. DATE FILED (Month) Day, Year)	32. REGISTRAR'S	SIGNATURE TO A			/			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- flours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftereding physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the Clate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
Marie Naomi l	FOUKE					11	8		990	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	st birthday)	# UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D			8. BIRT	HPLACE (State or Foreig
220-09-7150	1 M 2 XF	69	YAS.	MONTHS DAYS	HOURS MIN.	2	/ ₁ 1	921		g. Md.
9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY, TOWN C	R LOCATION OF DI	EATH		9c. COU	NTY OF	
27 Glenside Avenu	ue			Hagers	town			Was	hing	ton
10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY
	Washing	ton		Hage	rstown					1 YES 2 XNO
10e. STREET AND NUMBER				101	. ZIP CODE					WHAT COUNTRY?
27 Glenside Avenue					2174	0		Ì	U.S.	Α.
11. MARITAL STATUS 1	FORCES? 1	T EVER IN U.S. AI	RMED NO	If yea, sp	ecity Cuban, Maxica 2X NO Specify	n, Puarto Rica		or No—	Binc	E — American Indian, ok, White, atc. White
15, DECEDENT'S EDUCA	TION	1 st. D	ECEDENTIO	USUAL OCCUPATION	NA CONTRACTOR OF THE CONTRACTO	Tank M	No or Buen	NEGOUN		WILLE
(Specify only highest grade of Elementary/Secondary (0-12)	cotlege (1-4 or 8	(0	Give kind of its. Do NOT u	work done during mo	st of working	Ton. Ki	ND OF BUSI	NESS/IN	DUSTRY	
12	0		Off	ice			Aircr	aft		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	lle, Maiden S	lumame)		
Lewis E. Semler					Blanch	e E. E	arnes	3		
19a. INFORMANT'S NAME (Type/Print)		10	96. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number,	City or Town,	State, Zi	(p Code)	
Earl T. Fouke			27 G	lenside	Avenue	Hagers	town,	Ma	ryla	nd 21740
20a. METHOD OF DISPOSITION 1 TO Burial 2 Cremation 3 Remov	el from State	20b. PLACE other p	OF DISPO	SITION (Name of cer	metery, crematory or		20c. LOC	ATION —	City or T	own, Stata
4 Donation 6 Other (Specify)	an mont otale									3.6 3
		_ Ceda	ar La	wn			Hag	gers	town	, Marylan
21. SIGNATURE OF FUNERAL SERVICE LICE	HOEE	_ Ceda	La	22, NAME AI	ND ADDRESS OF FA	M	finnic	ch F	uner	al Home
23. PART I. Enter the diseases, or og	npilestions the	at caused the d	eath. Do	22. NAME AI 415	E. Wilso	n Blvd	finnio	ch F	uner stow	
23. PART I. Enter the diseases, or conshock, or heart fellure. Li	implications the	at caused the duse on each lin	eath. Do	22, NAME AI 415 not anter the mo	E. Wilso	n Blvd	finnio	ch F	uner stow	ral Home rn, Md. 21 Approximate Interval Betv
23. PART I. Enter the diseases, or constitute the state of the state o	implications the	at caused the duse on each lin	eath. Do	22, NAME AI 415 not anter the mo	E. Wilso	n Blvd	finnio	ch F	uner stow	ral Home rn, Md. 21
23. PART I. Enter the diseases, or conshock, or heart failure. Li	implications the	at caused the duse on each lin	eath. Do	22, NAME AI 415 not anter the mo	E. Wilso	n Blvd	finnio	ch F	uner stow	ral Home rn, Md. 21 Approximate Interval Betv
23. PART I. Enter the diseases, or constitute the state of the state o	implications the	at caused the duse on each lin	eath. Do	22, NAME AI 415 not anter the mo	E. Wilso	n Blvd	finnio	ch F	uner stow	ral Home rn, Md. 21 Approximate Interval Betv
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23. PART I. Enter the diseases, or conshock, or heart fellure. It immediates condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detagnified	DUE TO DUE TO	of Injury — At h., etc. (Specify)	EOUENCE O Tesuiting Tool To	22. NAME AI 415 not anter the mo MONAN FF): In the underlyin 26. PI OTHER: 4 Nursing Hon AE OF JURY M 1 street, factory, office red at the time, date	g cause given in Purch ACE OF DEATH (C) TORKY YES 2 NO	Part I. 24 1 Part I. 24 1 Conservation of the cause of	I. Has or reapired a variable. Has or reapired a variable. Has or reapired a variable. Has or reapired a variable. Has one reapired a variable. Has one vari	AUTOPSYMED?	uner stow	Approximate Interval Betwoen Stand D Approximate Interval Betwoen Sta

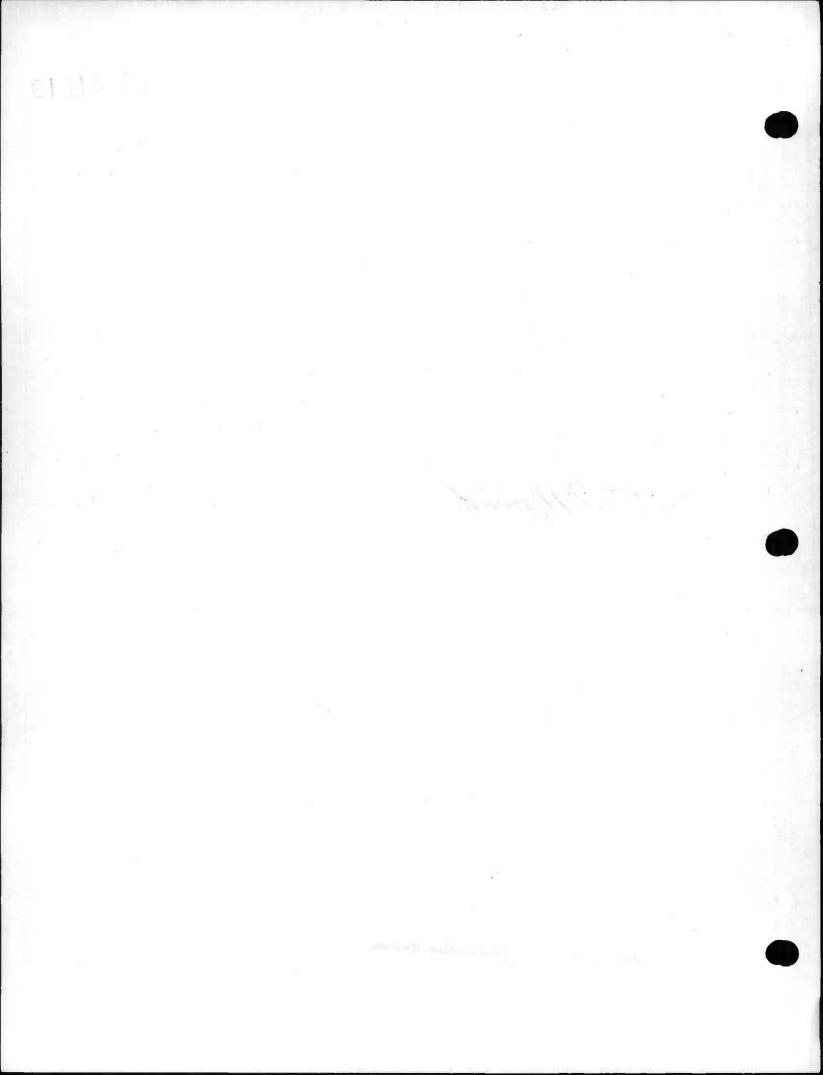
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FRANCISCO L, AND RADE

31. DATE FILED MANUEL Day, Year)

32. REGISTRAR'S SIGNATURE

June Savidson—Randska

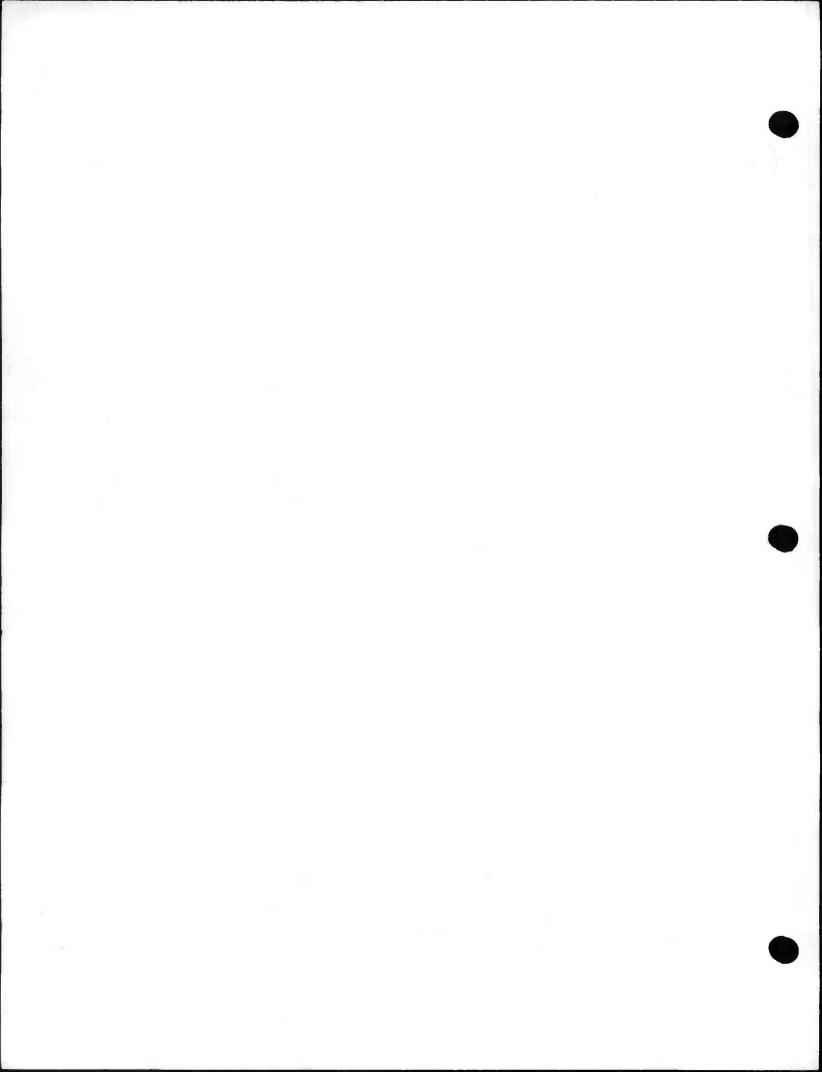


REG. NO.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

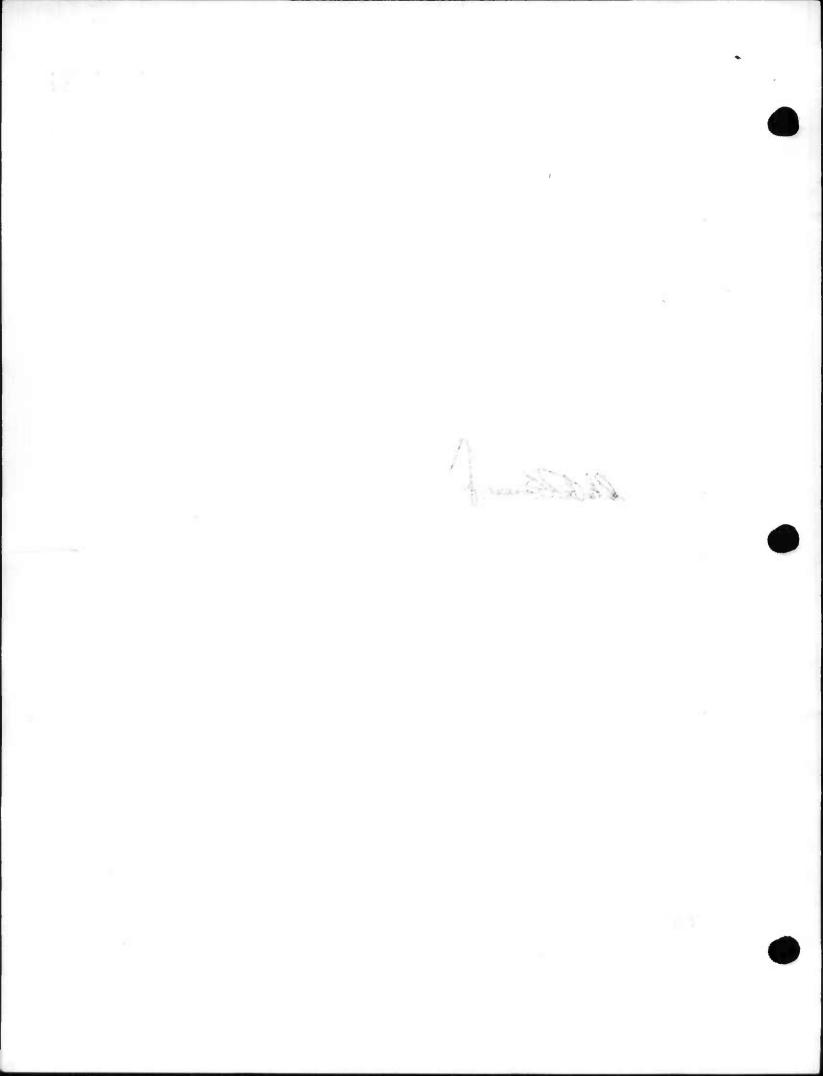
TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First	Middle, Last)	NICHO	OLAS	N	ATALI	Ξ /	FOR	TE		2. DATE OF	DEATN DA	Y	YEAR	3. TIME OF DEATH
$(1)_1$	cho	las	1)	6.	For	1	e			NOU	1 9		70	1/:45 1 M
4. SOCIAL SECURITY NUMBER 218-07-925		8. SEX	6. AGE (In	yrs. lest	birthday)YRS.	IF UND	ER 1 YEAR	IF UND	ER 24 HRS.	7. DATE OF I	or Want	1990	Countr	PLACE (State or Foreign y) aryland
9e. FACILITY NAME (If not in					11111	9b. CIT	TY TOWN	LOBLOCA	TION OF DE				NTY OF D	
Washin	gton C	ounty Ho	spita	1				rsto						gton
RESIDENCE OF DEC	10b. COUNT				10c, CITY		100100	ATION		-				404 INCIDE CITY
Maryland		shington			10c. CITY			town				10d. INSIDE CITY LIMITS? 117 YES 2 NO		
10e. STREET AND NUMBER					10f. ZIP CODE 10g. CITIZI				IZEN OF V	VHAT COUNTRY?				
48 South Cannon Avenue							2	1740				U.S.		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO						10				NC ORIGIN? (S		or No—	14. RACI Black	E — American Indian, k, White, etc.
1 Never Merried 2 X		IF YES, GIVE W							O Specifi				Spec	
15. DEC	EDENT'S EDU	CATION completed)		16a. DE	CEDENT'S	USUAL	OCCUPA	TION	rkina	16b, Kil	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	·)	life.	Do NOT us	e retired	1.)		rang					
12					Store	e Ke	eepe	r		I	lospi	tal		
17. FATHER'S NAME (First, A								16. M	OTHER'S NA	ME (First, Midd	lle, Maiden	Sumame)		
Gabrie.			F	ort					Mar	4				ezio
19a. INFORMANT'S NAME (Lenora M		e								Route Number. 1e, Has				21740
20a, METHOD OF DISPOSIT		novel from State	20b.	PLACE	OF DISPOS	ITION /	(Name of	cemetery, c	remetory or		20c. LO	CATION -	City or To	own, State
4 Donation 5 Othe	r (Specify)			Res	t Hay	_			Y RESS OF FA	All ITM	Hag	erst	own,	Wash.,Md.
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	1.							fman I	-	.1 บ	omo.	Tno
> · · · · · · · · · · · · · · · · · · ·	næee	prac	4			1	40 E	. An	tieta	m St.	Hae	erst	own.	Md. 21740
23. PART I. Entar tha d		complications the				ot ant	lar tha r	noda of	dylng, suc	h as cardled	or reap	ratory ar	Test,	Approximata Interval Between
IMMEDIATE CAUSE (FI														Onset and Death
disease or condition resulting in death)	\rightarrow	. He	ite	- 6	iPor	CL	1/	44	oca	1200	l	Tucks	uctu	KL 34045
		DUE TO	(OR AS A	CONSE	DUENCE OF	F):	,					C		9
Sequentially list condi		b	(OR AS A	CONSE	DUENCE OF	F):								
If any, leading to imme cause. Enter UNDERLY	ING	c.												
CAUSE (Disease or Injusted events		DUE TO	(OR AS A	CONSE	DUENCE OF	F):								
resulting in death) LAS	ST	d												
PART II. Other algoritic	ant condition	na contributina te	death be	ut not s	anulilan l	les êlese	. malaulu	lan anua	o obion in	Part I 2	In. WAS AN	ALITOREY	24	. WERE AUTOPSY FINDINGS
PART II. Other algumo	ant condition	ins continuating to	uaatn De	ut not i	esulling i	iii tiia	unuarry	ing caus	e given in	Part I. 2	PERFO		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
l ———										— l¹	YES 2	□-NO		OF DEATH?
										_				1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:				ОТН		PLACE O	F DEATH (C	heck only one)				
1 🗆 YES 2 🖼 10		1 Pinpatient 2		atlent 3		4 🗆 N	Nursing N			B C Other (S				
27. MANNER OF DEATN 1 Netural 8	Pending	28e. DATE Of (Month, I			28b. TIM INJ	E OF JURY M		WORK?		28d. OESCR	NOW	NJURY O	CCURED	
2 Accident	investigation	28e. PLACE	OF INJURY	— At he	me. ferm. :	street. 1				28f. LOCATI	ON (Street	and Numb	er or Rural	Route Number,
3 Suicide 8 4 Homicide	Could not be determined	building	, etc. (Spec	Hy)	,,		,,				Town, State			,
29e. CERTIFIER 1 CEF	TIFYING PHYS	SICIAN: To the best o	f my knowl	edus d	ath occurs	ed at th	ne time d	ate and of	ace, and de	e to the cause	(e) end me	nner se st	ated.	
CONSTRUCTION														e) end menner ee stated.
296. SIGNATURE AND TITL	E OF CERTIFIE	ER () ()1						29c. I	LICENSE NU	MBER		29d. DA	TE SIGNE	D (Mogth, Day, Year)
2 chrai	L W	, DIX	020		>			19	0.10	62		>	1/1/1/	190
30. NAME AND ADDRESS OF	OF PERSON W	HO COMPLETED CAL	SE OF DE	ATN (ITE	M 27) (Type	Print)	es la	in st	Gen S	+ H	erpal	40w	13 1	d 21742
31. DATE-GILEO (Morgh, Day	Mar)	A COUNTY OF THE PERSON	APIS SIGN	ATPHER	dell	- 0	J. U.	0	4- /	(140	11-7	10"	1	- 111 -11
NUV 12 S	li i	H	- Inday	.1										



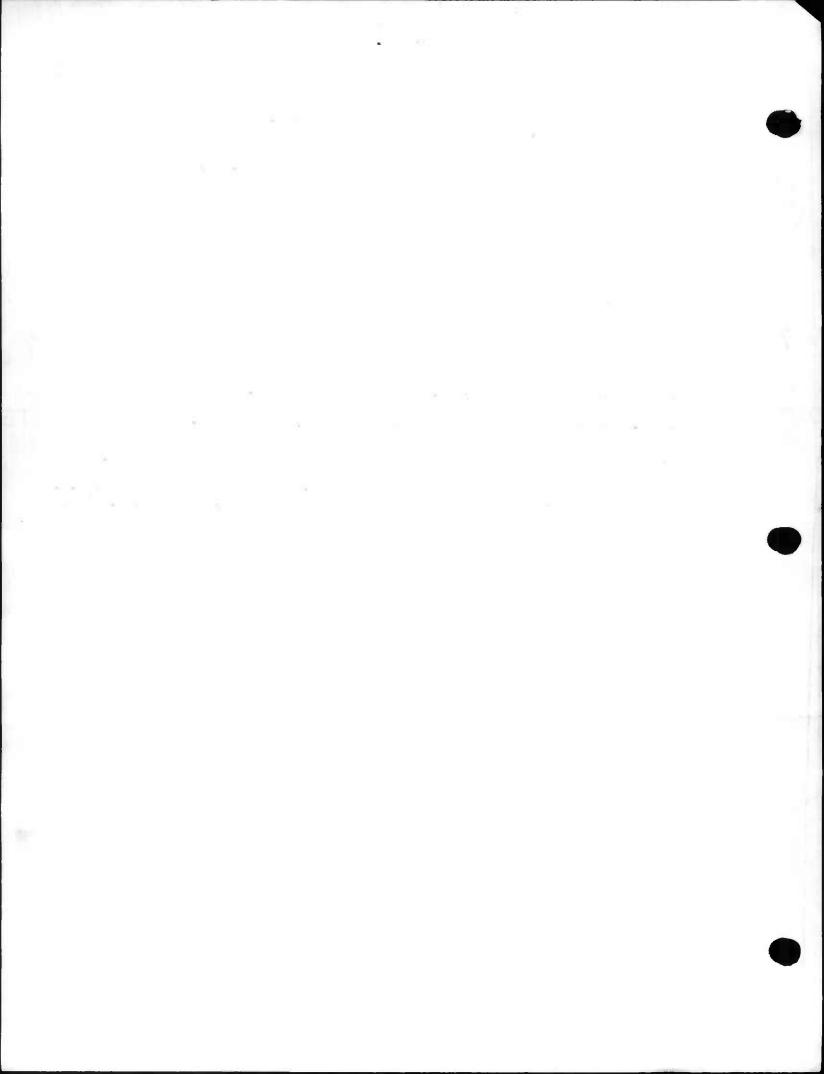
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DIVISION OF VIEW RECORDS, 1.0. DOA 13149,	e d	Men	in in
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	900	UNE	AM
	포	무	DIE
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parts flux within 22 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
		- E	_

	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	DEATH		3. TIME OF DEATH		
1	Nellie Ma	e G	oins	oins N				990	0805 A.H.		
	4. SOCIAL SECURITY NUMBER 5. SEX			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			HPLACE (State or Foreign		
	217-42-3389 1 D M 2 2			7 16	HOURE MIN.	Mar. 2	0,194	Count			
- 1	9a. FACILITY NAME (If not institution, give street and number			b. CITY, TOWN	OR LOCATION OF D	EATH	9c. (OUNTY OF	DEATH		
S.	Frederick Memoria	l Hospi	tal	Fre	derick			Frede	rick		
5	RESIDENCE OF DECEDENT										
뿐	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA					10d. INSIDE CITY LIMITS?		
ā	Maryland Frederi	ck			erick			1. YES 2 NO			
¥	10e. STREET AND NUMBER			10	Of, ZIP CODE		10g.	WNAT COUNTRY?			
FUNERAL DIRECTOR	7 Hamilton Ave.				21701			U.S	.A.		
5		EDENT EVER IN U.S	ARMED		CENDENT OF HISPA			- 14. RAC	E - American Indian, ik, White, etc.		
BY F		NIVE WAR OR DATES			pecify Cuban, Mexico S 2 📉 NO Specif		i, etc.)	Spec	COLUMN TOWNS TO SERVICE TO SERVIC		
0	15. DECEDENT'S EDUCATION	- 16a	. DECEOENT'S U	SUAL OCCUPAT	ION	16b, KIN	O OF BUSINESS	INDUSTRY			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	or E a l	(Give kind of wo	rk done during n retired.)	nost of working	4426			1		
<u> </u>	8 yrs. none	G. 5 47	Clear	ning							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16, MOTHER'S NA	ME (First, Middl	e, Malden Surnan	ne)			
	Simeon Monroe Goin	S			Jewe1	Mari	e Dav	is			
H	19e. INFORMANT'S NAME (Type/Print)	_	105 MAILING	DDDESS /Street	and Number or Rural	Bouts Number C	The or Town State	Zin Codel			
2	John W. Goins		Control of the last of the las		Ave. Fr				701		
	20a. METHOD OF DISPOSITION	An			emetery, crematory or		20c. LOCATIO				
	1 Description 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	P	He Gro	ve Ce	metery				Maryland		
	21. SIGNATURE OF FUNERAL MUVICE MEETINE	. [,			AND AOORESS OF F						
	to historia	ncei fo		Bu Wi	rrier F nfield,	unera Mary	1 Home	≘ 21784			
	23. PART I. Enter the diseeses, or compilcation								Approximete		
- 1	shock, or heert fellure. List only on	e ceuse on each	line.						interval Between Onset and Death		
- 1	IMMEDIATE CAUSE (FINE)										
	reaulting in deeth) e.										
_]											
CERTIFICATION	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF): If any leading to immediate										
¥	Sequentlelly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST										
8											
DICAL	PART II. Other aignificent conditions contributi					Part i. 24	PERFORMED?	PSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8	chronic	040	20/1900			1 - YES 2 540		COMPLETION OF CAUSE OF DEATH?			
ME									1 YES 2 NO		
-											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				PLACE OF OEATH (C	heck only one)					
Sic	EXAMINER? 1 YES 2 DO 1 Departer	L: nt 2 ☐ ER/Outpatie		OTHER: Nursing He	ome 5 - Residence	8 Other (S)	pecify)				
Ŧ		TE OF INJURY	28b. TIME		NJURY AT	28d. OEŞCRI	BE HOW INJURY	OCCURED			
	1 Natural 5 Pending	onth, Day, Year)	INJU		YORK?						
ВУ	3 Suicide 28e. PL	ACE OF INJURY -	At home, farm, st	reet, factory, of	Nca		ON (Street and No	mber or Rure	l Route Number,		
COMPLETED	3 Suicide 8 Could not be determined building, etc. (Specify) City or Town, State)										
<u>u</u>	29e. CERTIFIER										
M	(Check only The CERTIFY TRIS PHYSICIAN: To the best or my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated.										
Ö	2 MEDICAL EXAMINED. On the besis of stammation allow investigation, in my opinion, death occurred at the time, data and place, and due to the cades(s) and member as stated.										
296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER									D (Month, Day, Year)		
									16/40		
5	30, NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE OF DEATH	(ITEM 27) (Type,	Print)	c mi	2 2	1701	, /			
	31, DATE FILED (Month, Day, Year) 32, RE	SISTRAR'S SIGNATU	TICCO C	JUIL	w 7/1/	0	,,,,,				
	NOV 7'90	Sulia Davi	idson-Ran	tell					ì		
1		# T									



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ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIREC	in 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	tem
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ER	5	=

	1 - STATE REGISTRAR	STATE OF MAR				· · · · ·	EALTH AND N DEATH	MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las Joseph C. GEIGEF	MONTH DAY 1 O (GAR								12:30 A _M		
	4. SOCIAL SECURITY NUMBER 212-03-1320	*	AGE (In yrs. last birthday) 71 YRS. MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Veer)				of BIRTH	919	Country) Mar	ce (Stete or Foreign Cyland		
r l	9a. FACILITY NAME (If not institution, gived Franklin Square		_			TOWN O	R LOCATION OF DE			ec. county of DEATH Baltimore		
DIMECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			100 CIT						10d. INSIDE CITY		
	Maryland Harford				Bel Air					LIMITS?		
UNEHAL	100. STREET AND NUMBER 400 Plumtree F	load		101. ZIP CODE 109. CITIZEN OF USA							COUNTRY?	
1 1	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 TO IF YES, GIVE WAR O	ES 2 NO			If yes, spe	ENDENT OF HISPAN ocity Cuben, Mexice 2 NO Specify	n, Puerto			A. RACE — Black, Wi Specify: White	
COMPLEIED	15. DECEDENT'S E (Specify only highest gri Elemantary/Secondery (0-12)		(Give	e kind of v	se retired.)	CCUPATIO during mos	N at of working	18	Educat		STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Joseph Christo	pher Geige	r, Sr.				18. MOTHER'S NA Helen	ME (First,	Middle, Meiden S Rhe			
2	10. MARI NO ADDRESS Character State Character											
	4 General & Commettee & Demonstrate Chart				of DISPOSITION (Name of cametery, cremetory or iew Memorial Gardens Fallston, M							
	21. SIGNATURE OF FUNERAL SERVICE	Mc-Conv	100 1	1/	H	owar	d K. McC Cokesbur	comas				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	disease or condition resulting in death) Lung Cancer DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
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NAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
TSI	1 YES 2 NO											
ВУ РР	1 Natural 5 Pending 2 Accident Investigation	28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO										
TED	3 Suicide 8 Could not be 4 Homicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and manner as stated.											
BE	AND TITLE OF CERTIFICATION OF CERTIFICATION CO.	FIER PLA	usos	K ,	m	0	29c, LICENSE NU	MBER		29d. DATE SIGNED (Month, Day, Year) > ///5/90		
2	6. NAME AND ADDRESS OF PERSON Frances Fe	rguson, M.D.	F DEATH (ITEM	1 27) (Typi	0, <i>Print</i>)	Fran	nklin Sq.	. Dr	., Balt	.0.	2123	7
	NOV 07 90	30. REGISTRAR'S	SIGNATURE JON-HONG	lace								



TO BE COMPLETED BY FUNERAL DIRECTOR.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ricurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMP	

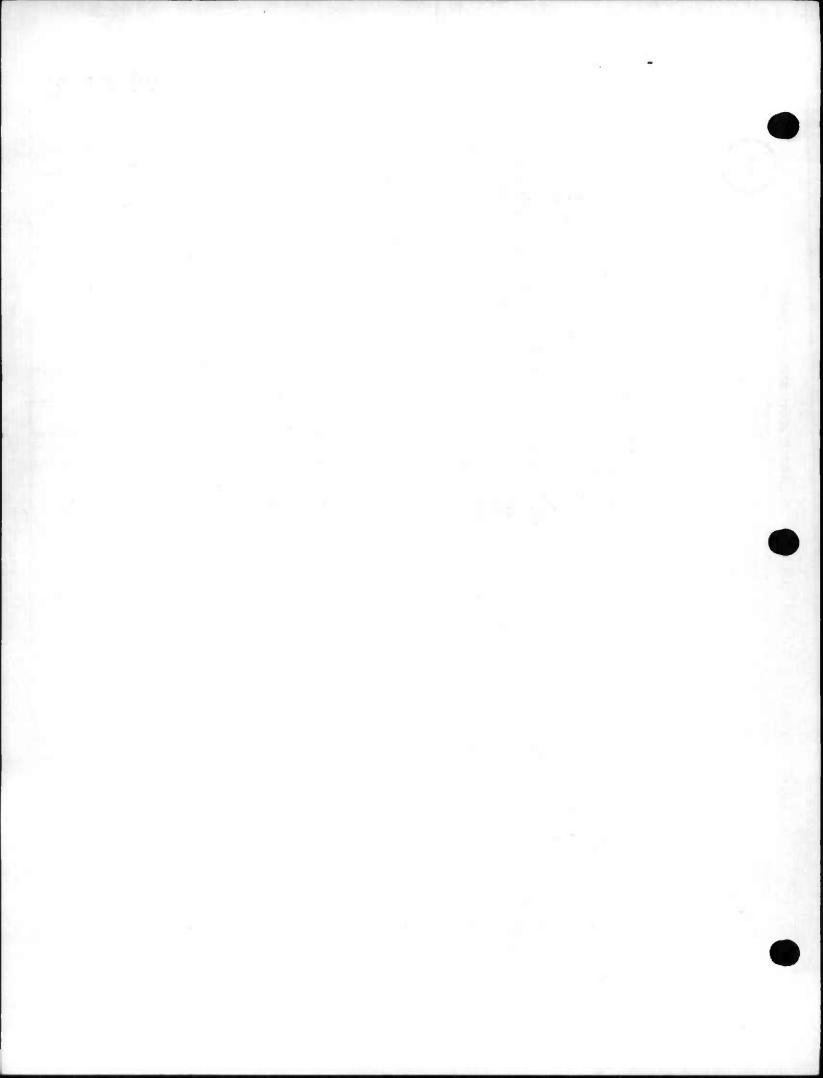
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

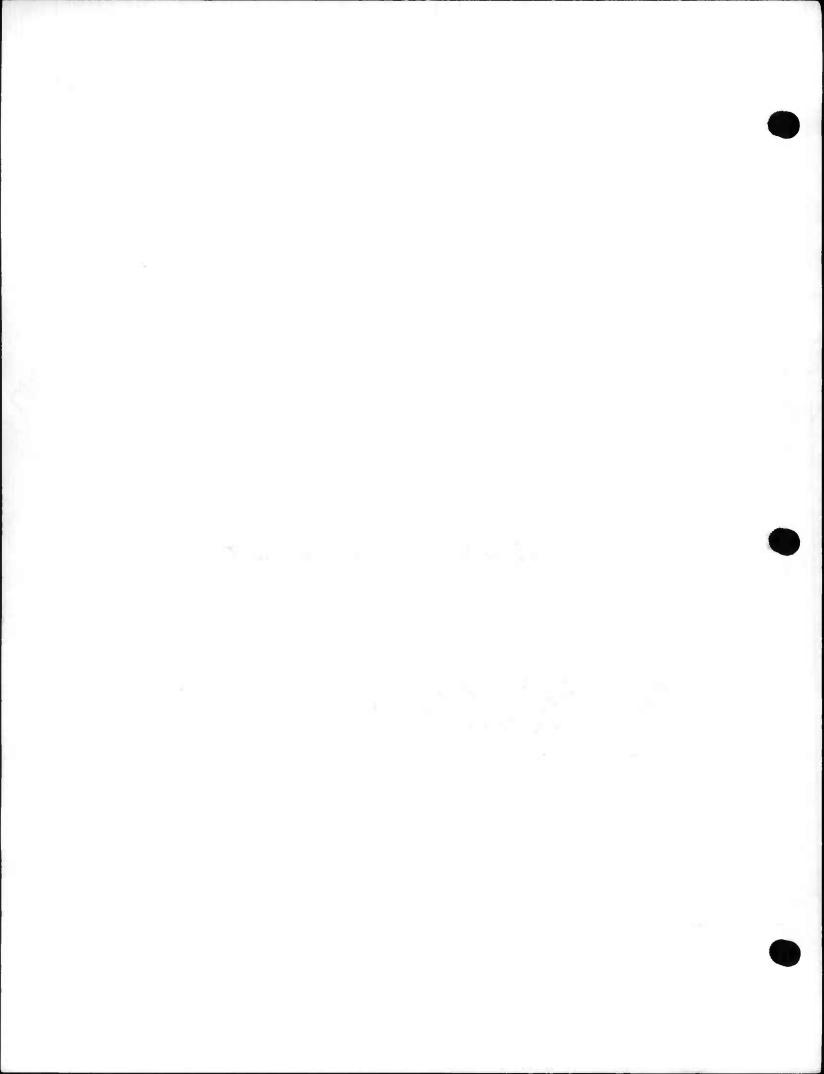
ACCEPTIFICATE OF DEATH REG NO. COECORPTIS MAKE (First, MASS), Last) ROY T. GRY 1 TZ ROY												
ROY T. Garlitz SOCIAL SECURITY NUMBER? SOCIA	FOR STATE REGISTRAR	STATE OF N								E 9	10 3	31823
213 05 4954 TOM 12 F 79 YRB. SHOWING DAVE HOLDE SAME PROCESS. AND HOL	1. OECEDENT'S NAME (First, Middle, Lest) Roy T. Garlitz									9	YEAR	
## A 16 11 Maryland ## A 16 1	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les			_	-		7. DATE OF BIRTH (Month, Day, Year)		I. BIRTHPLAC	E (State or Foreign
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Wilter 15. DECEDENT'S EDUCATION 15. DECEDE	Never Married 2.5-Married	FORCES? 1	YES 35EN		1	If yes, spec	ecity Cuban,	n, Mexica	in, Puerto Rican, etc.)	or No-	Black, Whi	merican indien, ita, etc.
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18. MOTHER'S NAME (First, Micsia, Laid) William B. Garlitz Sentonman's NAME (First, Micsia, Maidon Sumanus) Mary A. McKenzie Mary A. M	117-111-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-			rome	7 17				Garr	ott c	co. R	oads
198. MARLING ADORESS (Street and Number or Rural Route Number). City or Rown, State, Zip Code) THE BOSK 78 LORGONING, Midd 21539 209. PLACE OF DISPOSITION (Name of commetter), commentory or convergence of the convergence	7. FATHER'S NAME (First, Middle, Last)			LEIL	. 16		16. MOTH	IER'S NA			201	Dung
198. MARLING ADORESS (Street and Number or Rural Route Number). City or Rown, State, Zip Code) THE BOSK 78 LORGONING, Midd 21539 209. PLACE OF DISPOSITION (Name of commetter), commentory or convergence of the convergence	William B. Gai	rlitz					М	ları	A. McKe	nzie		
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Separation of Cisiposition Commission	Farage 1 Garli	144										
Department 2 Crementary Comparison Control State Control Contr	20a. METHOD OF DISPOSITION		20b. PLACE	OF OISPOS							ity or Town, S	State
22. NAME AND ADDRESS OF FACILITY Ne will an funeral Hom 1.55 Main St Grantsville Md 21536 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, interval Between shock, or heart felture. Lief only one cause on each line. MMEDIATE CAUSE (Finel diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Alture Scleres or Condition of Cause or Cause of the Cause of Cause	4 ☐ Donation 8 ☐ Other (Specify)	oval from State	1000		- Ca	- a t	2		Ani	1 + 2 2	14.2	
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IMMEDIATE CAUSE (Finel disease or condition resulting in death) Bequentially list conditions, if any, leading to immediate source. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQ	23. PART I. Enter the diseases, or	complications the	t caused the de	eath. Do n	not enter	r the mor	de of dyl	ng, suc	h as cerdiac or respi	ratory erre	et,	Approximate
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CAUSE (Disease or Injury that Initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): d. DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pair I. DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pair I. DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pair I. DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pair I. DART II. Other significant conditions AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1	Sequentially list conditions,					7						8hart
OUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Show Cold Englished And Park Period To Completion of Causing Of Geath? 1 Yes 2 NO 1 Yes 2 NO 24b. Were autopsy Finding Analysis of Country Finding To Completion of Causing Of Geath? 1 Yes 2 NO 25c. PLACE OF DEATH (Check only one) 26c. PLACE OF DEATH (Check only one) 27c. MANNER OF GEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be determined 28c. PLACE OF INJURY At North, Day, Year) 28c. PLACE OF INJURY At North, Day, Year Shilling, etc. (Specify) 28c. CERTIFIER 1 CERTIFIER 1 CERTIFIER A CERTIFIER 1 C	cause. Enter UNDERLYING										!	7071
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Shuff Cold Employerus and Rolling in the underlying cause given in Part I. Shuff Cold Employerus and Rolling in the underlying cause given in Part I. Shuff Cold Employerus and Rolling in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 yes 2 NO 25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNER OF OEATH 1 Netural 8 Pending Investigation 28a. DATE OF INJURY At home, farm, street, factory, office 28c. RIJURY AT WORK? 1 YES 2 NO 28c. CERTIFIER 1 OF CERTIFIER AND CERTIFIE	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	QUENCE OF	F):							
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AS HO. Carly Park Carly Control of Ocath? 1 YES 2 NO 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH	PART II. Other significant condition	e contributing to	1		in the ur	nderlying	cause g	lven in			AVAL	ILABLE PRIOR TO
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	John Cor	w comp	Merry	· au	HO K	OVIV	with	y M	arlunt 1 - YES 2	NO NO		
28. PLACE OF DEATH (Check only one) 28. DATH (Specify) 28. DATE OF INJURY (Month, Dey, Year) 28. DATE	H5 HD.	Congest	ine de	earl	- Fi	ark	ne				1 🗆	YES 2 NO
EXAMINER? 1 YES 2 NO HOSPITAL: 1 pringetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office	-0101	1 and	on B	i dra	240	•						
1 VES 2 NO 1 Vinpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 7. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office	25. WAS CASE REFERRED TO MEDICAL U	UCONITAL:	V				ACE OF DE	EATH (Ch	ieck only one)			
1 Matural 2 Accident 3 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 2. City or Town, State) State PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ER/Outpatient 3	DOA			• 5 □ Re	sidence	6 Other (Specify)			
1 Matural 8 Pending Investigation 8 Pending Investigation 9 Natural 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 9 28e. PLACE OF INJURY — At home, farm, street, factory, office 29th LOCATION (Street and Number or Rural Route Number, City or Town, State)	27. MANNER OF CEATH			28b. TIM	E OF				28d. DEŞCRIBE HOW I	NJURY OCCU	UREO	
3 Sulcide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ay, rose,		M			NO				
4 Homicide determined determined		28e. PLACE O	F INJURY — At he	ome, ferm, r	street, fec	ctory, office					or Rural Route	Number,
		ounding,	etc. (Specify)						City or lown, State)			
	29a. CERTIFIER , CERTIFYING BUYE	To the best of	t controlled of					- 44				
2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated	• []	THE OIL THE SERVE OF THE	All this section is a second	HADRING.	All, m my v	эринон, ос	ARTI DOCUME	NO ME THE	time, date and piece, mi	d date to the	Cause(a) and	Manner as entreu

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4464 6-30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Dr. S. Sandhir.
31. DATE FILED (Month, Day, Year)
NOV 08 1990 4 Tarn Terrace.
32, REGISTRAR'S SIGNATURE
Davidson-Pandale MD 21532 48 Frostburg



	FOR 1 - STATE REGISTRAR	STATE OF MARYL		IMENT OF H		MENTAL HYGIEN		31824		
\neg	1. DECEDENT'S NAME (First, Middle, Last)	0 1 - 0				2. DATE OF DEATH	Y YE	3. TIME OF DEATH		
	Mina S.	Gralni(K			10 3	90			
	100 00 0100 -		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Pay, Year)		BIRTHPLACE (State or Foreign Country)		
			75 YRS.			3/2/15		Maryland		
	9e. FACILITY NAME (If not institution, give stre			Bethes	R LOCATION OF DE	ATH	9c. COUNTY			
5	Suburban Hospital		Mont	gomery						
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
5	MD Mont			1X YES 2 NO						
AL	100. STREET AND NUMBER 7420 West Lake Ter	10g. CITIZEN	10g. CITIZEN OF WHAT COUNTRY?							
UNERAL										
2	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 TYPES	U.S. ARMED			IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.		
2	3 🕅 Wildowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES	2 NO Specify	<i>:</i> :		Specify: White		
3	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S	USUAL OCCUPATION	N .	16b. KIND OF BU	SINESS/INDUST	TRY		
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	rork done during mo e retired.)	st or working					
	12		Homemal	cer		At Home	et			
COMPLE	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)			
מ	Jacob Sadle		S 2000		Ann Ma					
2	190. INFORMANT'S NAME (Type/Print) Janis Friedman					Ploute Number, City or Tow				
	29. METHOD OF DISPOSITION	206	PLACE OF DISPOS			ckville, M		or Town, State		
	1 Buriel 2 Cremetion 3 Remov	cal from State	other place) ng David					rch, VA		
	21. SIGNATURE OF FUNERAL SERVICE LIGE			22. NAME AI	ID ADDRESS OF FA	CILITY				
	· /// 5.	2500 -				dberg Memo				
	23. PART I. Enter the diseeses, or co	emplications that caused	the deeth. Do n			e Pike, Ro				
	ahock, or heart fellure. L						•	Interval Between Onset and Death		
	disease or condition resulting in desth)	Conch	DAILAS	cular	- Acci	dout		10 ROIK		
	resulting in destri)	DUE TO TOR AS A	CONSEQUENCE OF		7 100 11			7000		
z	Sequentially list conditions, b.									
RTIFICATION	If sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	*):						
2	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF	ጎ፡						
=	resulting in deeth) LAST									
2	DIET II CALL II III II II II II II II II II II II					2-1				
AL	PART II. Other algolificant conditiona	contributing to death b	/		g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICA	Preusmanie	The On to	1110	140		1 YES	2 D(NO	OF DEATH?		
Σ	Fostuer	The MAIN	y va	1/14		-		1 TYES 2 NO		
A N	25. WAS CASE REFERRED TO MEDICAL	es viven	mus	26. P	LACE OF DEATH (Ch	neck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:		8 Other (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT DRIC?	28d. DESCRIBE HOW	INJURY OCCUP	RED		
ВУ	1 Natural 8 Pending 2 Accident Investigation	(month, say, roar)			YES 2 NO	1.56				
	3 Suicide 8 Could not be	28e, PLACE OF INJURY building, etc. (Spe		streel, factory, offic	:0	281. LOCATION (Street City or Town, State		Rural Route Number,		
	4 Homicide determined									
COMPLETED	(Check only	CIAN: To the best of my know								
Š	one) 2 MEDICAL EXAMINER	t: On the basis of examination	n and/or investigation	on, in my opinion,	leath occured at the	Hma, date and place, e	nd due to the o	euse(e) end manner es stated.		
BE	1 200 LICENSE MIMBER 1 29d DATE SIGNED (Month Day Ver)									
0										
\succeq		A								
۲	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type	, Print)	11 5	1 2081				
Ĕ		c . Ane . #	505 - C	her l	Those &	4. 2081.	5			

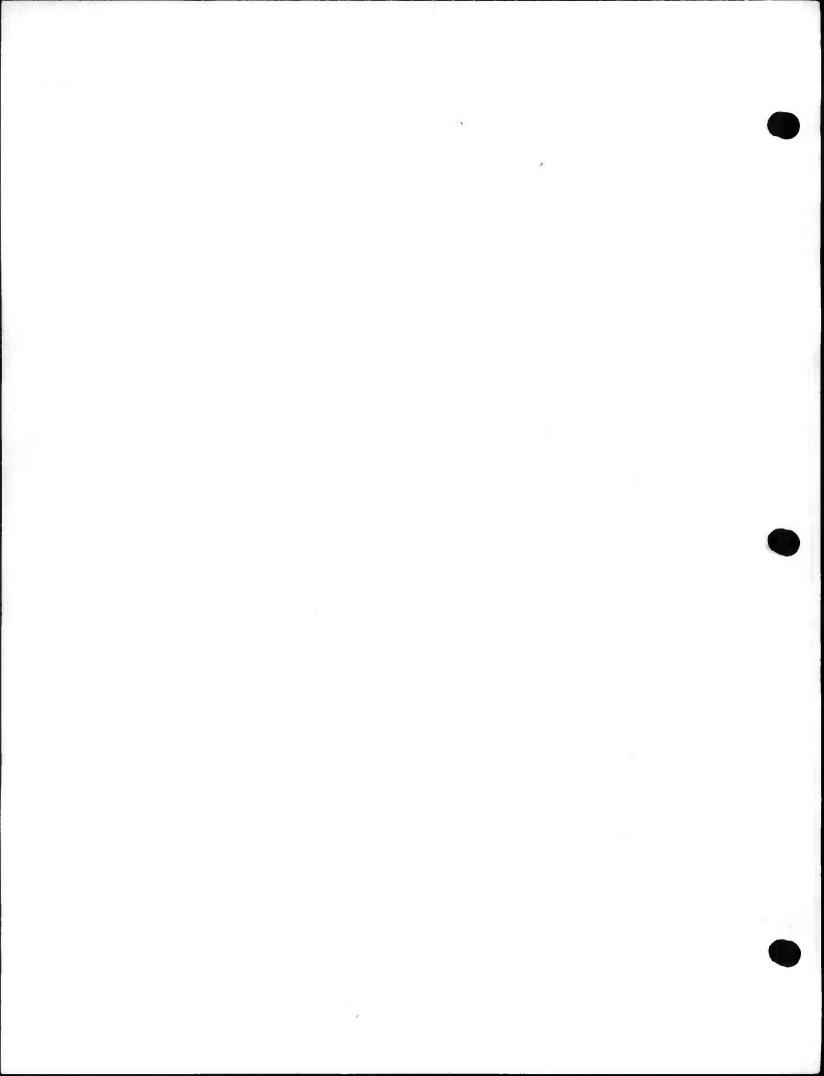


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JIVISION OF VITAL RECORDS, P.O. BOX 13146,	and several control of the several control of
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1810	***************************************
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		NTAL HYGIENE REG. NO.	9 (31825		
	1. DECEDENT'S NAME (First, Middle, Last)	MARTIN	H. GOLD	BERG	2	DATE OF DEATH MONTH DAY	90	3. TIME OF DEATH 3. 45 M		
	4. SOCIAL SECURITY NUMBER 579-22-8671	5. SEX 8. AGE (UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 9/10/25	C	IRTHPLACE (State or Foreign ountry) (aryland		
<u>a</u>	9a. FACILITY NAME (If not institution, give	•		9b. CITY, TOWN OR L		н	9c. COUNTY C			
5	Holy Cross Hospi			Silver Sp			Mont	gomery		
DIRECTOR	MD									
FUNERAL	16e. STREET AND NUMBER	Dorden .			CODE			OF WHAT COUNTRY?		
NS I	9908 Forest Grov	12. WAS DECEDENTYEVER I	N U.S. ARMED		902 DENT OF HISPANIC	ORIGIN? (Specify Yes	USA or No- 14. I	RACE — American Indian,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			Y Cuben, Mexican, F NO Specify:	Puerto Rican, atc.)		Specify: White		
TED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	18a. DECEDENT'S U (Give kind of wo life, Do NOT use	JSUAL OCCUPATION ork done during most of	l working	16b. KIND OF BUS	INESS/INDUST	RY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Engine			Electro	onic			
NO.	17. FATHER'S NAME (First, Middle, Last)		Diigine		L MOTHER'S NAME	(First, Middle, Malden				
BE (Frank Goldberg					Rottman				
2	19a. INFORMANT'S NAME (Type/Print) Eleanor Goldberg			Section 1995		te Number, City or Town		•		
	254. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ref		b. PLACE OF DISPOSI	ITION (Name of cemete	ry, crematory or	Silver St	CATION - City			
	1 To Burial 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	noval from Stata	Judean M	emorial G	ardens	011	ney, MI)		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		Dan Zans	Ry=G8 Idt	Berg Memor	rial Ch	napels, Inc.		
Ц	Stant (Wor	4	1170 Ro	ckville	Pike, Ro	ckvill	e, MD 20852		
	23. PART I. Entar the diseases, or shock, or heart feliura	complications that cause. List only one ceuse on e		ot entar tha moda	of dying, such a	s cardisc or respi	ratory srrest,	Interval Between		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	HEPAT	0 - RE	NAL S	YNDRO	OME		Onset and Death		
N	Sequentially list conditions,		E REI	YAL F	AILU	RE		IMONTH		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING				LIVE	R		15 YEARS		
IFIC	CAUSE (Disease or injury that initiated events	C. CIRRI						241		
SER	resulting in death) LAST	. ETHA	NOL 1	NGEST	TON			DIYEARS		
AL	PART ii. Other significant condition					ert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC	SURGICAL	RESECTION	MOFG	-ANG-RE	HOUS	1 YES 2	DECHO	OF DEATH?		
M	COLOIT					-		1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF DEATH (Check	conly one)				
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: 4 Nursing Home						
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		?	ed. DEŞCRIBE HOW II	NJURY OCCURE	ED		
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR	Y — At home, farm, a oc/ly)	treet, factory, offica	2	281. LOCATION (Street a City or Town, State)		lural Route Number,		
COMPLETED	Control only	SICIAN: To the best of my known						use(s) and menner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFI	Been	an 1	WD 2	DO3.60	ER V	≥OCT	31, 1990		
10	30. NAME AND ADDRESS OF PERSON WE EDWARD A.	WHO COMPLETED CAUSE OF DE		*	NERON	ST. SILVE	ER SPA	ZING M) 28910		
	31. DATE FILED (Month, Day, Year) NOV 05 90	32. REGISTRAR'S SIGN								

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G. NO.			
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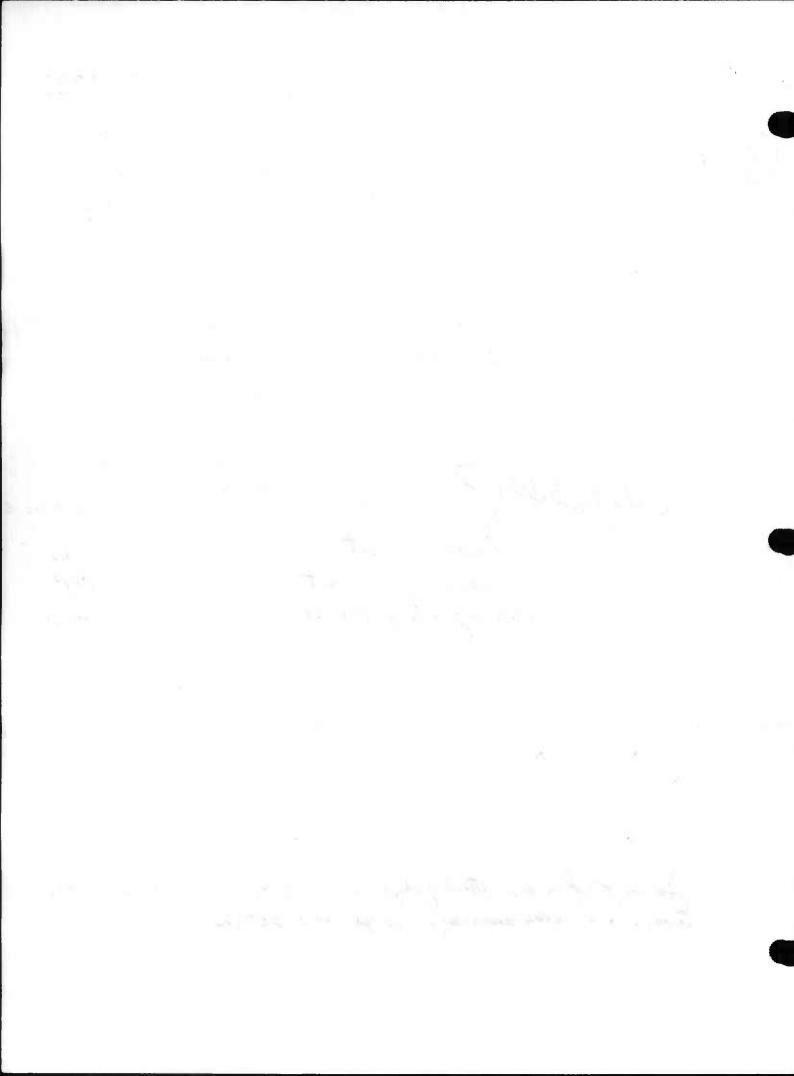
1 - REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	, , ,	3. TIME OF DEATH			
Virginia Eliz	abeth GARRET	SON			11 05	1990	8:58P M			
4, SOCIAL SECURITY NUMBER	RTHPLACE (State or Foreign									
577-20-7860	0 20 1702 Mary									
9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF DEATH 9e. COUNTY OF DEATH										
Doctors Hospital Lanham Prince Georges										
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
LIMITS?										
100. STREET AND NUMBER 101. ZIP CODE 102501 Crain Hwy 20613 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— Bleck, White, etc.) 11. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED If yes, apecify Cuban, Maxican, Puerto Rican, etc.)										
11, MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECEND	ENT OF HISPANIC O	RIGIN? (Specify Yes	or No- 14. F	RACE — American Indian,			
1 Never Married 2 Married	FORCES? 1 YES		If yes, specify	Cuban, Maxican, Pu	erto Rican, etc.)		Black, White, etc. Specify:			
3 X Widowed 4 Divorced	IF 125, GIVE WAN ON E	ALES	1 1 123 2 2	y Ab Specify.			White			
15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S US	UAL OCCUPATION	-525	16b. KIND OF BUS					
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use n	done during most of stired.)	working						
8	84	Owner/	Operato	r	Retai.	l Jewe	elry			
17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NAME (First, Middle, Maiden S					
James Dement				Sara 3	Denkins					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	ODRESS (Street and A		Number, City or Town	, State, Zip Code)			
Thos. H. Garre	etson	The state of the s			anassas					
20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI				ATION — City (
1X Suriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	novel from State	edar Hil			Sui	tland,	Md			
21. SIG LATURE OF FUNEBAL SERVINGLE		Coar Hir	22. NAME AND A	DDRESS OF FACILIT	7	crand,	Mu.			
1101011	01/1/		Huntt	Funera	al Home					
	1000		P. 0.	Box 15	56. Wal	dorf.	Md. 20604-0			
23. PART I finter the diseases, or	complications that cause	d the death. Do not	enter the mode	of dying, such as	cardiac or respi	ratory arrest,	Approximate interval Between			
IMMEDIATE CAUSE (Final	. 4		0				Onset and Death			
disease or condition	Car	diae ar	reil				montes			
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):		A .			The reactive			
	Cerebu	DVarcular	acciden	J			days.			
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: CONSEQUENCE OF:	1	-						
cause. Enter UNDERLYING	. Corquer	y alter	disea	20			Leans			
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF								
resulting in death) LAST	4	V								
PART II. Other significant condition	ns contributing to death	but not resulting in	the underlying ca	iuse given in Par	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
					1 YES 2	Nyo	COMPLETION OF CAUSE OF DEATH?			
						′	1 TES 2 NO			
					ł					
25. WAS CASE REFERRED TO MEDICAL				OF DEATH (Check of	only one)					
EXAMINER?	HOSPITAL:		OTHER:	i Residence 8 🗆	Other (Specify)					
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. INJURY	AT 28	d. DESCRIBE HOW II	NJURY OCCURE	:0			
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU		2 🗌 NO			-			
a Davide	28e. PLACE OF INJUR	Y — At home, farm, str	et, factory, office	28	f. LOCATION (Street a	and Number or R	lural Route Number,			
4 Homicide 8 Could not be	building, etc. (Sp	eclfy)			City or Town, State)					
29e, CERTIFIER										
(Check only	SICIAN: To the best of my kno									
2 MEDICAL EXAMIN	IER: On the basis of examinati	on and/or investigation,	In my opinion, deati	occured at the time	a, date and place, an	d due to the ca	use(a) and menner as stated.			
3 Suicroe 8 Could not be 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	4	0, 0	25	c. LICENSE NUMBER		29d. DATE BIO	SNED (Month, Day, Year)			
	im. M.D. alle	ending phie	Heran	01618	/	N	DV. 6. (990			
	THE RESERVE OF THE PERSON NAMED IN		dati							
30 HAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (NEW 27) / TOPE P	rand)							
	0694 Campus 1	Jay S., L	irgo. A	10 20	772					
James J. Kom , 1 31. DATE FILED (Month, Dey, Year)	0 694 Campus 1 32. REGISTRAR'S SIG	NATURE		10 20	772					
James J. Kom, 1	32. REGISTRAR'S SIG			10 20	772					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages \$ 2.3 mm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Inours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for each with the State Dear of Health and Mental Horiston bridge in hintal companies of removal	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Dr. Edson B.

31. DATE FILED (Month, Day, 7 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Moody

Mary Mc Gill Gle					-	9	0	31827
FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ICATE OF		MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Lest)		215	CNE	0	2. DATE OF DEATH MONTH D		YEAR	1:50 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yr	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
215-42-3780	1 □ M 2 🖄 F 91	YRS.	MONTHS DAYS	HOURS MIN.	April 29,		Country)	land
9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF D			TY OF DEAT	
Clearview Nursing RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Wash	Home		Hagers	town		Wa	shing	ton
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10	od. INSIDE CITY
	ington	Hag	erstown				1	X YES 2 NO
10e, STREET AND NUMBER			10	f. ZIP CODE				AT COUNTRY?
11 S. Walnut Stree				21740		US	A	
10. STREET AND NUMBER 11 S. Walnut Stree 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ZNO	If yea, a		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) lly:	n or No—	14. RACE — Black, W Specify:	American Indian, Whita, etc.
15. DECEDENT'S EDUCA	ITION 16	ie. DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BU	SINESS/INDU	STRY	WIILLE
(Specify only highest grade of Elementary/Secondary (0-12) 8	College (1-4 or 5+)	(Give kind of life. Do NOT us Homema	_	ost of working	Home			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Melden	Sumame)	-	
Andrew K. Zinkand				Emma En	nsminger			
		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zip (Code)	
Jo Ann Pickett		1931	Dual Hi	ghway Ha	agerstown,	Maryl	and.	21740
20a. METHOD OF DISPOSITION 1 1 Buriel 2 □ Cremation 3 □ Remov	ml from Chata Off	her niece)		metery, crematory or		CATION - C		
4 Donation 5 Other (Specify)	Res	t Haver	Cemete:			agerst	.own,	Maryland
Serula SERVICE LICE	Merma	ch		No ADDRESS OF FA N. Mini al Home				c Street aryland
23. PART I. Enter the diseases, or co	emplications that caused the	ne death. Do	not enter the me	ode of dying, suc	ch as cardiac or resp	iratory arre	et,	Approximate interval Between
IMMEDIATE CAUSE (Final	and only only only only only							Onset and Deat
disease or condition resulting in death)	Cardi	is a	net					instant
	DUE TO (OR AS A CO	ONSEQUENCE O	F):	1.1	heart	- /.		reverd
Sequentially list conditions, b.	DUE TO (OR AS A CO	ONSEQUENCE O	nellier.	refliptie	Reart	dye	car	year
If any, leading to immediate cause. Enter UNDERLYING			,					İ
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE O	NF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
DART II Other elections conditions	contribution to death but	net consisten	In the content of	a cours alves to	Best Inc. man	44177778844	Tan II	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	contributing to death but	not resulting	in the underlyin	ig cause given in	Part I. 24a. WAS AM		, Al	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE
John many	and cook	07 21	affect		1 _ YES :	NO		F DEATH?
Morter He	eriff						1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20.5	LACE OF DEATH (C	book anti anni			
EXAMINER?	HOSPITAL:	2 0 004	OTHER:					
27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIR	ME OF 28c. IN	JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
	(Month, Day, Year)	IN		YES 2 NO				
2 DALCHONIL	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	atreet, factory, offi	98	28f. LOCATION (Street City or Town, State		or Rural Rou	ite Number,
CONSON DITTY	IAN: To the best of my knowledge: On the basis of axamination ar							and manner on state 4
ALL ALANASIAS ALL STATEMENT		mvestrydti	, my opinion,					
296. SIGNATURE AND TITLE OF CERTIFIER	1. 18			29c. LICENSE NU	JMBER	29d. DATE	SIGNED (M	Aonth, Day, Year)
30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAREE OF PEAT	HATEMAN OF	- Dulan	100.18	3/	//	16	120

1190 Mt. Aetna Road Hagerstown, Maryland

32. REGISTRAR'S SIGNATURE

Lie Davidson Renders

DHMH-18 Rev 1/89

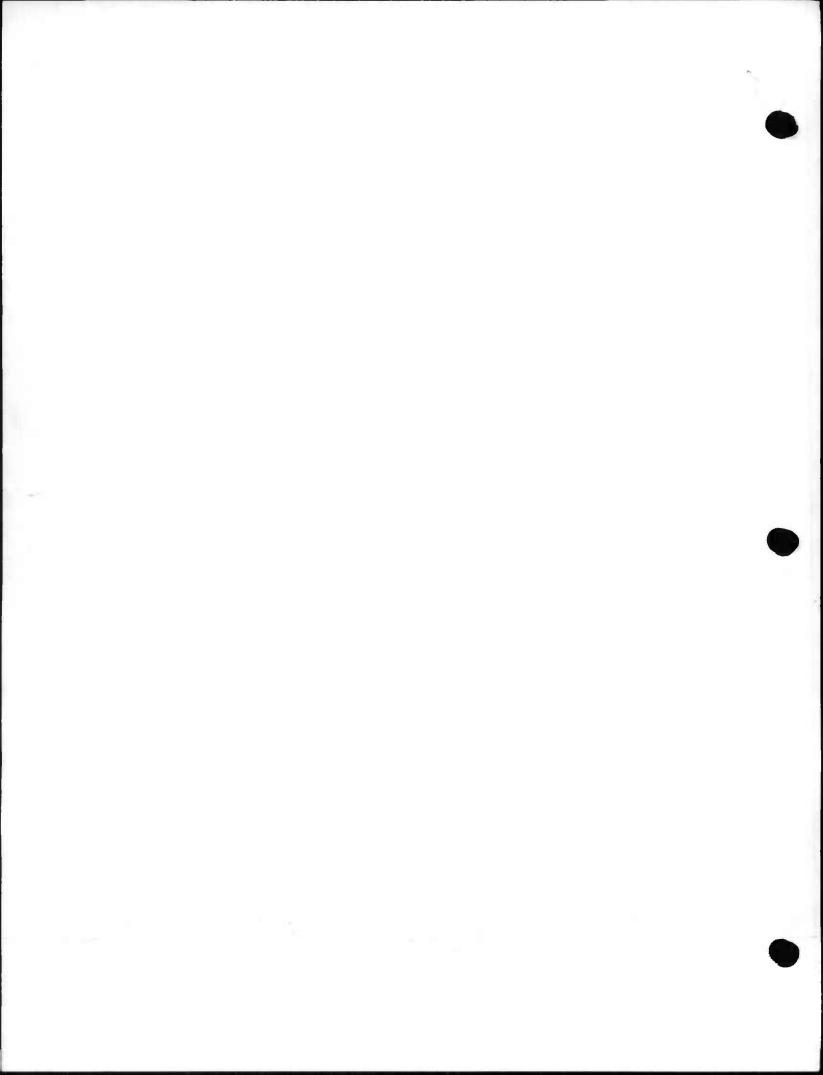
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

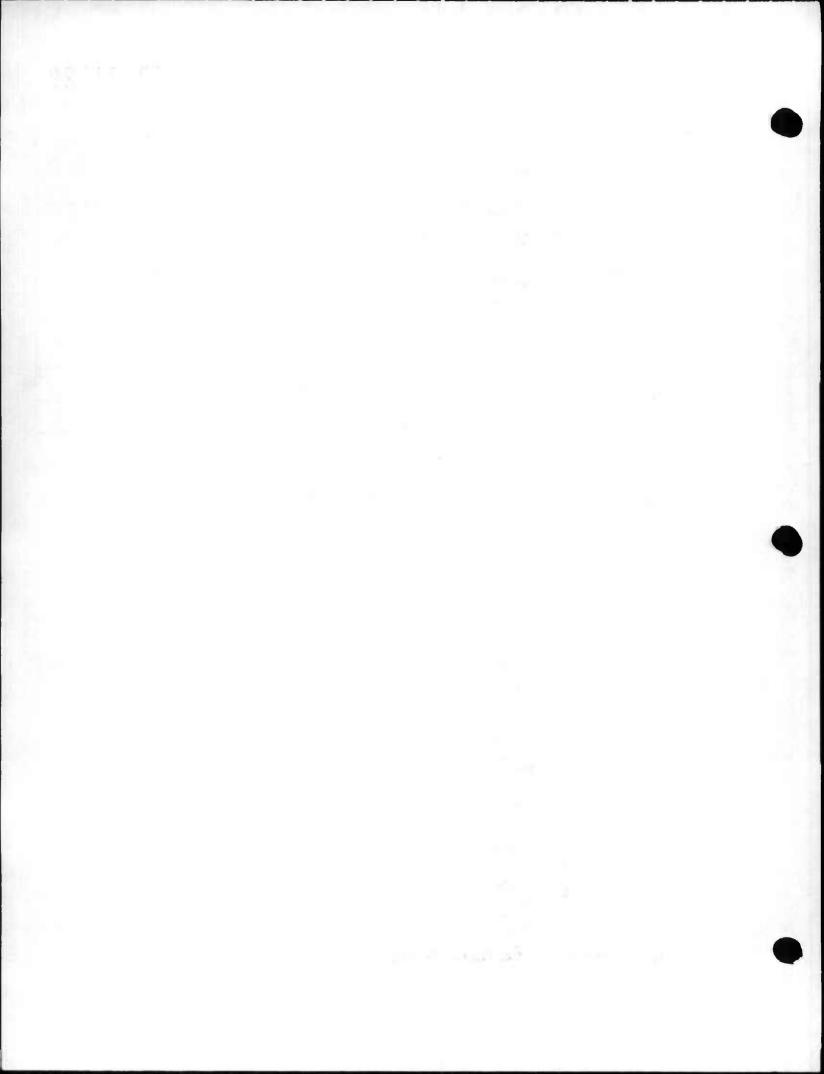
REGISTRAR					F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Mide	lle, Last)	Gardner W	V. Grif	fith		2. DATE O	F DEATH DAY	YEAR	3. TIME OF DEATH
Gardney	ω . ω .	riffe	** 0411			1/	9	70	12:00 P
4. SOCIAL SECURITY NUMBER 220-18-4120	5. SEX	8. AGE (In yrs. k		F UNDER 1 YEA		7. DATE OF		8. BIR	THPLACE (Store or Foreign
Da. FACILITY NAME (If not instituti			01	h CITY TOW	VN OR LOCATION OF DE	100	4/3/	9c. COUNTY OF	
Washingtor	County Hos	spital			stown	CAIT W		Washir	
RESIDENCE OF DECED	COUNTY		40. 0174 7	TOWN OR LO					Land manage area
Maryland	Washington	n			sville				10d. INSIDE CITY LIMITS? 1 YES 27 NO
5006 Porters	town Pd				101. ZIP CODE 21756			U. S.	F WHAT COUNTRY?
1. MARITAL STATUS		ENT EVER IN U.S. A	OMED	T 12 WAS	DECENDENT OF HISPAI	NIC OBIGINA	(Cneelby Vers		CE — American Indian,
Never Married 2 Marr	FORCES?	1 YES 2 TE WAR OR DATES	NO	If yes	, specify Cuban, Mexica YES 2 NO Specif	in, Pusito Ric		Bis	eck, White, etc.
15, DECEDER	IT'S EDUCATION	16s. C	DECEDENT'S US	UAL OCCUP	ATION	16b. I	CIND OF BUSI	NESS/INDUSTRY	
(Specify only high Elementary/Secondary (0-12)	cest grade completed) College (1-4 or	(5+)	(Give kind of world le. Do NOT use re	k done during etired.)	most of working				
6	Sollege (1-5 OI		abor				Constr	uction	
7. FATHER'S NAME (First, Middle,	Last)				18, MOTHER'S NA				
Frisby Filmo		n					erine	,	
90. INFORMANT'S NAME (Typo/F	rint)				et and Number or Rural				
Martha L. F			307 W.	Chap1	lin St., S	harps	burg,	Md. 21	1782
METHOD OF DISPOSITION Burlal 2 Cremation 3 Donation 5 Other (Spe	Removal from State	20b. PLAC	of Disposition of Dis	on (Name o	cometery, cremetory or Cemetery			ntion — city or psburg	Town, State , Md. 21782
1. SIGNATURE OF FUNERAL SE	RVICE LICENSEE	<u> </u>		V	E AND ADDRESS OF FA		7606	- 1	m 11
John H. F	Bast, Jr.			BAST	FUNERAL	HOME,	7606 Boons	Boonsbo Boro, M	oro Pike Md. 21713
23. PART I. Enter the disea	ies, or complications	thet caused the	death. Do not	enter the	mode of dying, aud	h aa cerdi	nc or raspire	tory arrest,	Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	failura. List only one o	TO GR AS A CONS	failer	re)					Interval Between Onset and Dear
	- 5	en and	Lance on J.	tibros					
Sequentially list conditions		TO (OR AS A CONS	EQUENCE OF):		10				
if any, laading to immediate cause. Enter UNDERLYING	01	d ovla	man T	There	losis				
CAUSE (Disease or injury that initiated events	C. DUE	TO (OR AS A CONS	EQUENCE OF):	aucu	70314			-	1
eaulting in death) LAST	4.								
PART II Other elections of	anditions contribution	to death but no	t nonviele a le	Alba sandad	hilaa sawaa ahiina la	Book I. T	24a, WAS AN A		
PART II. Other algnificant of Amil	Recured Contributing	2	no those		lying cause given in		PERFORM 1 YES 2	IED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									1 TES 2 NO
S. WAS CASE REFERRED TO MI EXAMINER? 1 YES 2 NO	HOSPITAL:			THER:	6. PLACE OF DEATH (C/				
7. MANNER OF DEATH		2 ER/Outpetient			Home 5 Realdence	_			
1 Natural 5 Pend	fing (Mont	h, Day, Year)	28b. TIME (RY.	WORK?	28d. DESC	CRIBE HOW IN	JURY OCCURED	
2 Accident Inver	itigation 28e. PLAC	E OF INJURY — At	home, farm, stre				TION (Street an	d Number or Run	al Route Number,
	rmined								
nee!	NG PHYSICIAN: To the bea								ne(s) and manner as stated.
9b. SIGNATURE AND TITLE OF	DESTRIBITED 1				29c. LICENSE NU	MBER		29d. DATE SIGN	JED (Month, Day, Year)
	i L. Trugle	- MD			0522	79		D 11/1	0/90
30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED OF	0	+1	rint)	K1.	//	Md.	2/7-	·
1. DATE PILES (Month, -Boy, stray		TRANS SIGNATURE		M &-	reegysvi	11-	1110.	-113	•
NUV 1 3 9	3 497	a Daydon	Andele-	- (*				



OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within dirs after death. Page 6 may be rotalined by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 the funeral director and the funeral director
be filed within 12 hours after death with the state begin of realing and wester hyperic prior to contact, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF C	DEATH			3. TIME OF OEATH	
,	SARA K. GRAMS											990	7:30	РМ
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest	birthday)	IF UNDER		IF UNDER					PLACE (State or Forei	ign	
	168-26-4121	1 🗆 M 2 💢 F	85	YRS.	MONTHS	DAYS	HOURS	April 12, 1905 Wayne					mesboro,	PA
	9a. FACILITY NAME (If not institution, give			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUN	ITY OF E	DEATH		
FUNERAL DIRECTOR	Washington County	y Hospita	1	Hagerstown Wa							Wasl	shington		
EG	10a. STATE 10b. COUNT			10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	
DIR	PA	Franklin		Mar	mesk	20110							LIMITS?	0
AL	10e. STREET AND NUMBER	WINSTILL		iva	ALCOX.	-	H. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?	
ER/	16 Cleveland Ave	nue					172	268				USA		
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED			CENDENT (OF HISPAN	NC ORIGIN? (S			14. BAC	E — American Indian, k, White, etc.	
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced		YES 2 XN				S 2 XNO		n, Puerto Ricar /:	i, arc.)		Spec	effec	
		IOATION:	I	05050	Helian -		ION I			0.05.5	1	1107	White	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grad	e completed)	(GI	ve kind of	Work done se retired.)	during m	ION ost of worki	ing	160. KIN	IO OF BUS	SINESS/IND	THICU		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	_	essei				CIC	othes	Man	ufac	cturing	
OM	120 TO THE STATE OF THE STATE O						10. MOT	HER'S NA	ME (First, Middl					
	John Sites								inia Wa					
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street			Route Number, (n, State, Zip	Code)		
9	Ira G. Mickley		1	6 CI	Leve1	Land	Aver	nue,	Waynes	sboro	, PA	172	268	
	20s. METHOD OF DISPOSITION 1X Burist 2 Cremetion 3 Ren	named from Chan-	20b. PLACE		SITION (N	ame of co	metery, crea	metory or		20c. LO	CATION	City or To	own, State	
	4 Donation 5 Other (Specify)	TOTAL INDIN STATE					meter			Wayr	nesbo	ro,	PA	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22.	NAME /	NO ADORE		OVE FUN	TEDAT	HOM	F T	INC	
	Dames ()	Boulerone				50 5	. Bro						PA 17268	
	23. PART I. Enter the diseases, or	complications the	st caused the de										Approximat	le .
	ahock, or heart fellure. IMMEDIATE CAUSE (Final	. List only one ca	use on each line										Onset and I	
	disease or condition resulting in death)	Acut	e myocar	dial	inf	arct	ion						sudden	
			OR AS A CONSE											
N	Sequentially list conditions,	. Arte	rioscler	otic	dis	ease	<u> </u>						415	
ATIC	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	DUENCE O	F):									
2	CAUSE (Disease or Injury	C. DUE TO	OR AS A CONSE	DUENCE O)F):									
CERTIFICATION	that initiated eventa resulting in deeth) LAST	4												
		W		- 1-1	1				I					
MEDICAL	PART II. Other significant condition	one contributing to	desin but not r	esulting	in the u	nderlyl	ng cause	given in	Part I. 24	PERFOR	AUTOPSY	24	b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA	0
Sign									1	YES 2	NO XX		OF DEATH?	
ME					_				_				1 YES 2 NO	0
AN	25. WAS CASE REFERRED TO MEDICAL					20.	DI ACE OF	DEATH #0	heck only one)					
PHYSICIAN	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	X Xnos	OTHE	R:				mank s				
HYS	27. MANNER OF DEATH	28e. DATE O	FINJURY	28b. TH	ME OF	28c. If	JURY AT	HERICO INCO	5 Other (S)		INJURY OC	CURED		
	1XXNeturel 5 Pending	100	Day, Year)		M	V	YES 2	□ NO		7 14 120				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY At he	me, lerm,	street, fe	ctory, off	ica		251. LOCATIO	ON (Street	and Number	r or Rural	Route Number,	
TED	4 Homicide determined	building	, etc. (Specify)						City or T	own, State)	,			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	of my knowledge, de	ath occur	red at the	time, de	te end plac	e, and due	e to the cause(e) end me	nner as sta	ted.		
MC	(Check only one) 2 MEDICAL EXAMIN												(a) end manner se sta	nted.
	296. SIGNATURE AND TITLE OF CERTIFI	EH					29c, LIC	CENSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)	
BE	- Alleback	Mor Hor	ward N.	Week	s, M	.D.	D	1126	6				3/90	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CA	USE OF OEATH (ITE	M 27) (Typ	e, Print)	-	_							
	Howard N. Weeks	, MD 580	Norther	n Av	renue	, H	agers	stown	1, MD 2	21740)			
	31. DATE FILEO (Month, Dey, Year)		AR'S SIGNATURE											
	La rapea													

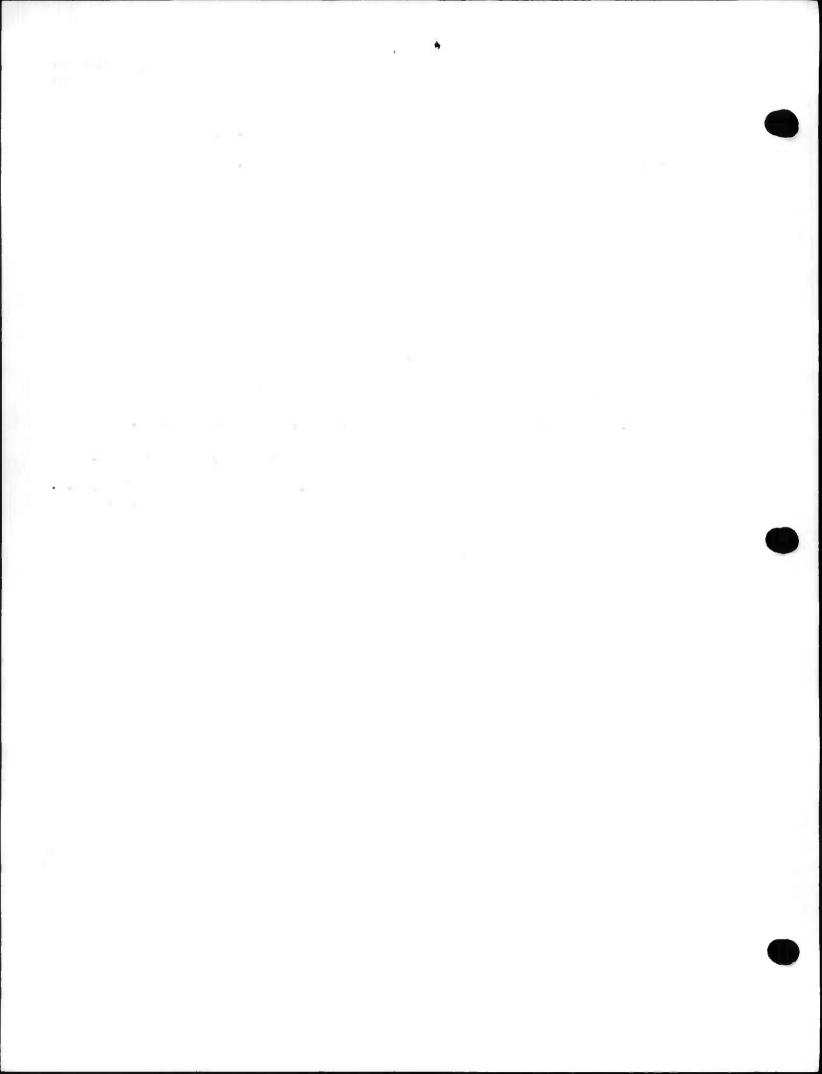


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품	포	Fled	300
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within zer lours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	2	IMPORTANT If ham 24 to marked or Ham 23 shows any Indiany or other trainmails event the medical available must be notified at once

1 - STATE REGISTRAR		CE		ICATE				MENIAL	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Las	11)							2. DATE O	F OEATH	DAY	YEAR	3. TIME OF DEATH
Jane	Elizabeth	GARLI	NG						mber			M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	t birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH Day, Year)		8. BIRTH Country	PLACE (State or Foreign
220-64-1483	1 M 2 XF	73	3 YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	13,	1917	Mar	yland
9e. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DI	EATH		9c. COL	INTY OF D	EATH
821 Armstrong RESIDENCE OF DECEDENT 100. STATE 10b. COU	Avenue			На	ger	stown	1				Wash	ington
10e. STATE 10b. COU	NTY		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
Maryland	Washingtor	1	1	Hager	stor	wn						LIMITS?
			-		_	. ZIP COD	E	-		10g. Ci	IZEN OF W	HAT COUNTRY?
10e. STREET AND NUMBER 821 Armstrong 11. MARITAL STATUS 1 Never Married 2 Married	Avenue						217	40			U.S.	Α.
11. MARITAL STATUS		T EVER IN U.S. ARI						NIC ORIGIN?		e or No-	14. RACE	- American Indian,
3 K Widowed 4 Divorced	FORCES? 1	YES 2 XN	Ю			ecify Cube Ø☐ NO		in, Puerto Ri ly:	can, etc.)		Speci	, White, etc. V: white
15. OECEOENT'S E (Specify only highest gri Elementary/Secondary (0-12) 0-12 17. FATHER'S NAME (First, Middle, Leel)	DUCATION			USUAL OC work done d				16b.	KIND OF BU	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT u	se retired.)		St Dr WORK	ng .					
0-12			hom	emake	r							
17. FATHER'S NAME (First, Middle, Leet)						16. MOT	HER'S NA	ME (First, Mi	iddle, Melde	Surname)		
William	A. Hose						Nor	a B. 1	Miner			
		198	MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route Numbe	or, City or To	vn, State, Z	ip Code)	
Mr. Nelson S. G	arling, Jr	. I	Rout	e 3,	Box	325	, Wa	gaman	Road	, Ha	gerst	own, MD 740
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO								- City or To	
1 X Burlel 2 Cremation 3 R 8	emoval from State	Rest		ven C	emet	terv			Нао	eret	own.	Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE .					D ADDRE	SS OF FA	CILITY	Minn	ich	Funer	al Home
1 550181	min	rich		41	5 E	. Wi	Lson	B1vd				
23. PART I. Enter the diseases, I	/											Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. CARDIA DUE TO	2	ST COUENCE C	DF):								Interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSEC	DUENCE C	PF):								10 TOTALS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	QUENCE C	OF):								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	iona contributing to	death but not n	esulting	In the un	derlyin	g cause	given in		24a. WAS A PERFO 1 TYES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				_	26. PI	ACE OF I	DEATH (C)	heck only one))			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	O BOA	OTHER	R:		/					
27. MANNER OF DEATH	28a. DATE OF		28b. TII		28c. INJ		eeldence	6 Other	(Specify)	IN HIDY O	CCURED	
1 Natural 5 Panding 2 Accident Investigation	(Month, E		IN	JURY M	1 🔲	PRK7	□ NO	200.023		INCOM! O	CONED	
	building	OF INJURY — At ho, etc. (Specify)	me, farm,	street, facto	ory, offic	•			TION (Street Town, State		er or Runal i	Route Number,
ana)	YSICIAN: To the best of											i) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFICATION	FIER	1				29c. LIC	ENSE NU	MBER		29d, DA	TE SIGNED	(Month, Day, Year)
	grade.	1.~				0-	3889	72		-	11/12	190
30. NAME AND ADDRESS OF PERSON PAMETA FOX B	WHO COMPLETED CAU				RI	. N	AGE	RSTON	N. N		2174	
	32. REGISTRA	AR'S SIGNATURE			, , ,	, 4		-,0,0				
NOV 13 90	Julia Da	vidson-Ran	dell									

_	1	ı
BALTIMORE, MARYLAND 21203-3146	Seconts after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

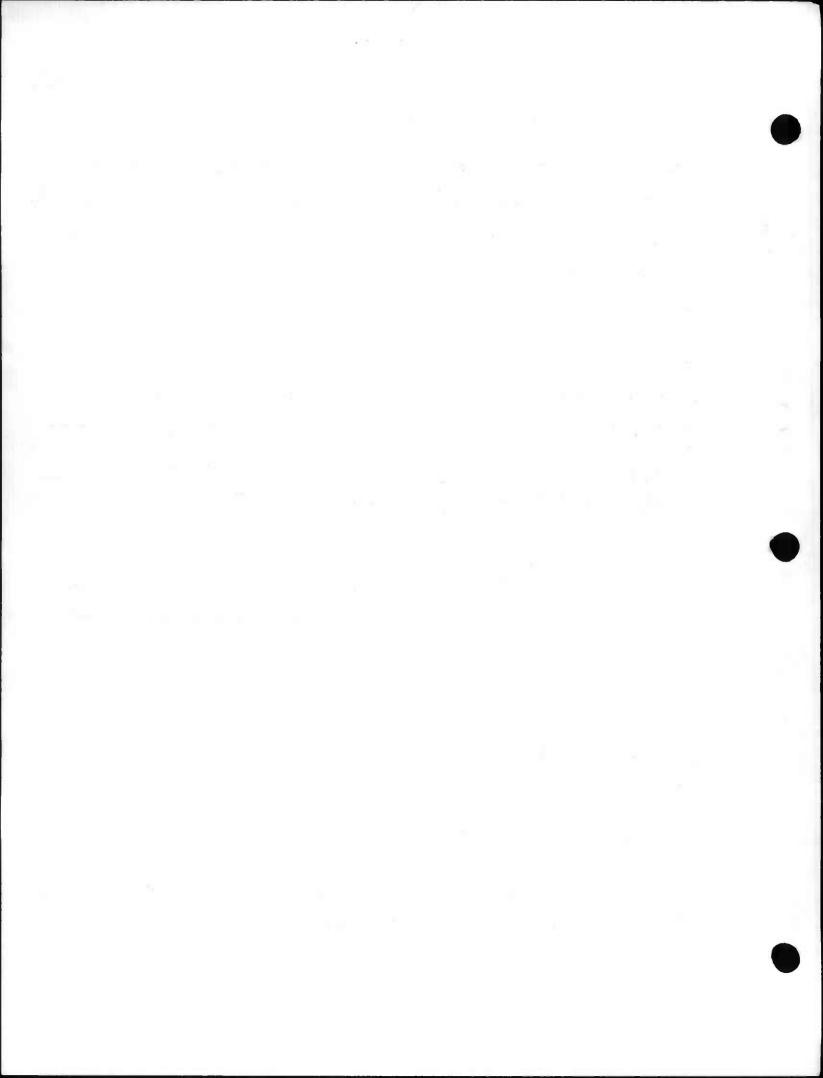
	1 - STATE REGISTRAR	CE			FDEATH	REG. N	Ю.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Day	WEAR	3. TIME OF DEATH
	THOMAS RAYMOND HUNG	GERFORD				NOV. 4,1	990	YEAR	6:20 PM M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	220-05-280 2 1X M ² \square	F 89	YRS.	MONTHS DAYS	HOURS MIN.	Feb. 9,	1901	N.	aryland
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOW	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
<u>ج</u> ا	607 Wheel Road			Bel A	ir		I	Harfo	rd
5	RESIDENCE OF DECEDENT								
607 Wheel Road Bel Air H RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Harford Havre de Grace								10d. INSIDE CITY LIMITS?	
	Maryland Harford		nav	re de C			_		1X YES 2 □ NO
FUNERAL	620 Otsego Street			10f. ZIP CODE 21078			109. CITIZEN OF WH.		
5	EORCES	DENT EVER IN U.S. AR	MED		ECENDENT OF HISPAI		Yea or No-	14. RACI	- American Indian, k, White, etc.
1 Never Merried 2 Married FORCES? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO No 1 YES 2 NO No 1 YES 2 NO No No No No No No No									
	15. DECEDENT'S EDUCATION			USUAL OCCUPA		16b. KIND OF	BUSINESS/IN	•	
	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4	Mo.	. Do NOT u			Mond	name 1	Vin soi so	
COMPLET	6	Sean	ian,	2nd Mat	e	Merc.	hant I	Mar III.	ies
Į	17. FATHER'S NAME (First, Middle, Lest)	5 3				ME (First, Middle, Mak		-	
BE (Thomas Zachary Hunger	tord			Emma Lo	ouisa Gr	eenwo	oa	
2	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING	ADDRESS (Street	stand Number or Rural Street, Ha	Route Number, City or	Town, State, 2	(eboo qi)	21078
_	Amanda M. Hungerford								
	20a. METHOD OF DISPOSITION 157 Burial 2 Cremation 3 Removal from State	other of	ace!		cometery, cremetory or al Park Co		LOCATION -		The state of the s
	4 Donation 5 Other (Specify)	INDIE	Lau		AND ADDRESS OF FA			ILO I C	12.0
	1h oldmin)	111	How	ard K. Mc	Comas III			Ione, P.A.
\dashv	Hollors IL Mcy	omas.	14		7 Cokesbu				
	23. PART I. Entar the diseases, or complications shock, or heart failure. List only one			not enter the i	node of dying, aud	th an cardiac or re	spiretory a	rreat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition			-1					Onset and Death
	resulting in death) a.	E TO (OR AS A CONSE	CLL	sel					
_		ASCVI	1	•).					i
CERTIFICATION	O	E TO (OR AS A CONSE	QUENCE O	F):					+
₹ I	cause. Enter UNDERLYING CAUSE (Disease or injury								
	that initiated events	E TO (OR AS A CONSE	OUENCE O	F):					
E	reaulting in death) LAST								
	PART II. Other significant conditions contributing	g to deeth but not i	resulting	In the undarly	ing ceuse given in		AN AUTOPS	Y 24t	. WERE AUTOPSY FINDINGS
DICAL							FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
요						' ' '	2 110		OF DEATH? 1 YES 2 NO
PHYSICIAN: ME						_			
YA!	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	heck only one)			
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient	2 ER/Outpatient 3	DOA	OTHER:	ome 5 Realdence	8 Other (Specify)			
F	(Mo	E OF INJURY	26b. TIR	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HO	O YRULNI W	CCURED	
B	1 Natural 5 Pending 2 Accident Investigation			10.7	YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	CE OF INJURY — At he ding, etc. (Specify)	ome, ferm,	street, factory, o	ffice	28t. LOCATION (Str. City or Town, St		er or Rural	Route Number,
립	29a. CERTIFIER (Check only one)								
COMPLETED	2 MEDICAL EXAMINER: On the basis	of examination and/or	Investigati	on, in my opinio	n, death occured at the	time, data and place	, and due to	the cause(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				(Month, Day, Year)
10	David S. D.				1)35-	299		11/5	90
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED				01				
	31. DATE FILED (Month, Day, Year) 32. Rigg	STRAR'S SIGNATURE	1 Be	laine	12/1				
	NOV 07 '90 4u	1. A SIGNAL UNE	2	0					



31. DATE FILED (Month, Day, Year)

•	_	1	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
146,	ted within	completely lal. cremat	event,
X 131	be execut	ian and or	numatic
. BO	rtificate t	g physici iene prio	ther tra
P.0	death cer	attendin	ry, or 0
RDS,	hat the c	I by the	ny inju
ECOI	equires ti	en signer of Health	hows a
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he law n	e has be	m 23 s
. VIT	ICIAN: T	the Stat	or ite
N O	IG PHYS	ter this a	narked
ISIO	NITENDIA	CTOR: At	28 is i
2	TAL DR /	AL DIRE	If Item
	HOSPIT	E FUNER	RTANT:
	THE	TO THE	IMPO

	1 - STATE REGISTRAR	STATE OF MARYL		ATE OF D	FATH	REG. NO.	•			
	1. DECEDENT'S NAME (First, Middle, Lest)	ILLIAM HOWA		AIL OI D		2. DATE OF DEATH		3. TIME OF DEATH		
ď,	WILLIAM	n 1+4.	DE			NOV DAY	3			
1.0	4. 0001112 02001111 1 1101111211		- 1		F UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year) AN 12,190		BIRTHPLACE (State or Foreign Country)		
	213-12-0057 1 9a. FACILITY NAME (If not institution, give atree		90 YRS.	b. CITY, TOWN OR L			9c. COUNTY	MARYLAND OF DEATH		
-	SOUTHERNMAR	YLAND HOS	TON		00	NCE GEORGE				
	RESIDENCE OF DECEDENT	1 (1117) (403								
UINE	MARYLAND PRINCE	GEORGE'S		TOWN OR LOCATION ANDYWINE	•	10d. INSIDE CITY LIMITS? 1 □ YES 2 X NO				
7	100. STREET AND NUMBER	GEURGE 3	DIV		P CODE		10g. CITIZEN	OF WHAT COUNTRY?		
NEHA	11900 CEDARVILLE R	OAD			20613		ι	ISA		
5		2. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED			ORIGIN? (Specify Yea Puarto Rican, atc.)	or No 14.	RACE — American Indian, Black, White, etc.		
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specify:	round mount area,		Specify:		
2	16. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S US	BUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUST	WHITE		
	(Specify only highest grade co-	mpleted) College (1-4 or 5+)	ilfe. Do NOT use n		f working					
COMPL	6TH GRADE		SECURI				ROAD			
٠ ا	17. FATHER'S NAME (First, Middle, Last)			16		E (First, Middle, Maiden : SEPHINE R		nc .		
	JAMES ALBERT HYDE 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street and I	-	Ute Number, City or Town				
2	JAMES A. HYDE		12009	CEDARVILI	LE ROAD,	BRANDYWI	NE, MA	ARYLAND 20613		
	20 METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remove	al from State	other place)	`				or Town, Stata		
	4 Donation 5 Other (Specify)	4m / / II	MMANUEL CH	HURCH CEM	METERY ADDRESS OF FACIL			RYLAND		
	· // lll /	Bloken	A			THE HUN		NERAL HOME, INC ND 20604-0156		
_				1 .0. 00	A 1009 H	INLUUNI 5 IN	o tit i Li ti	ID 20001 0100		
	23. PART I. Enter the diseases, or conshock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition	mplications that cause at only one cause on a	d the death. Do not	t antar tha moda	of dying, such	as cardiec or respi				
	shock, or heart fellure. Lie IMMEDIATE CAUSE (Finsi	at only one cause on a	a CONSEQUENCE OF):	t anter the mode		as cardiec or respi		Approximate interval Between		
2	shock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a.	at only one cause on a	andral	t anter the mode	of dying, such	as cardiec or respi		Approximate interval Between		
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E COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart feilure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to death & HOSPITAL: Inpattent 2 = ER/Out (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in petient 3 DOA 4 28b. TIME (INJURY) Y — At home, farm, structivy)	tha underlying control of the underlying control of the underlying control of the underlying that underlying the underlying to the underlying that underlying the underlying the und	euse given in Portion de la company de la co	as cardiec or reapling as cardiec or reapling	AUTOPSY MED? NO NJURY OCCUPANT NUMBER OF THE STATE OF T	Approximate interval Between Onset and Death 36 J 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart feilure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR A	A CONSEQUENCE OF: A CONSEQUENCE	tha underlying control of the underlying control of the underlying control of the underlying that underlying the underlying to the underlying the underlying that underlying the underlying that underlying the underlying the underlying that underlying the underlying the underlying that underlying the underlying that underlying the underlying that underlying the underlying that underlying the underlying that underlying the underlying the underlying the underlying that underlying the	ceuse given in Proceed to the cocured at the time.	as cardiec or reapling as cardiec or reapling	AUTOPSY MED? NO NJURY OCCUPANT NUMBER OF THE STATE OF T	Approximate interval Between Onset and Death Competent of Competent o		



31. DATE FILED (Morith, Day, Year)
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DR

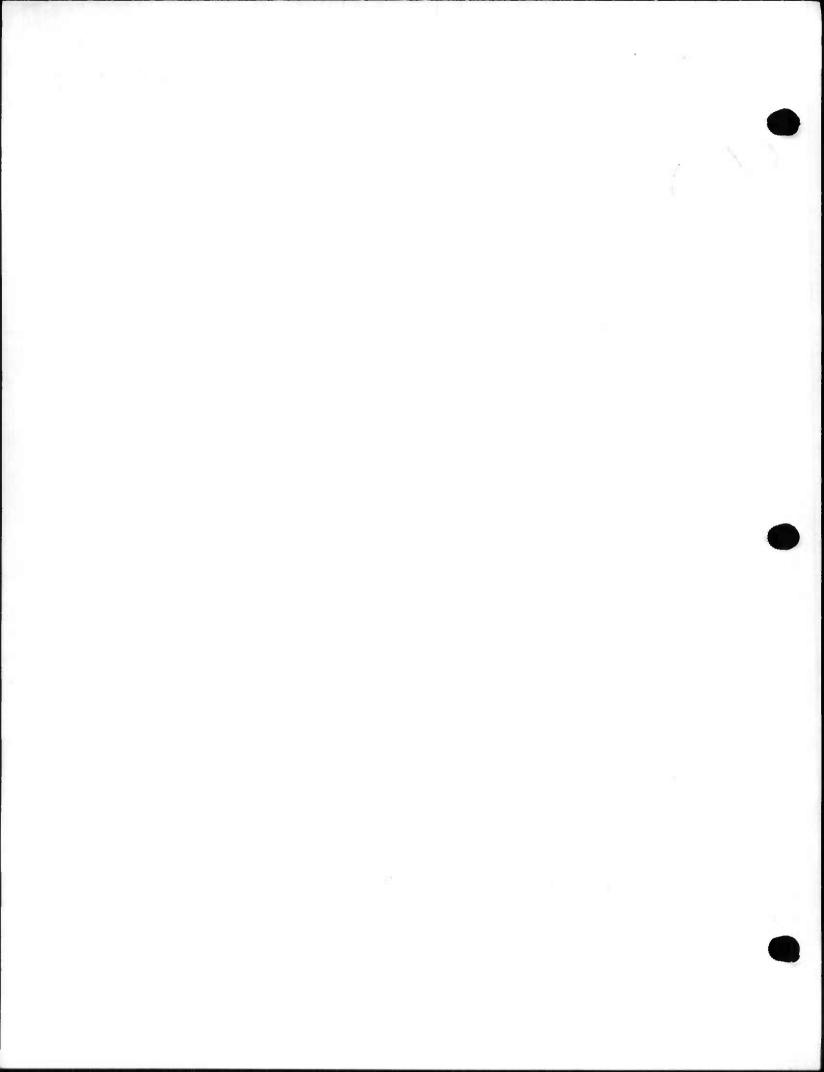
VELANDIA

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CUMBERLAND MD
32, REGISTRAR'S SIGNATURE
DRIVINGON-PATRICE

	,												
	FOR STATE REGISTRAR	STATE OF M	MARYLAND /		RTMENT ICATE				MENTAL	HYGIENE REG. NO.	90	3	1833
	1. DECEDENT'S NAME (First, Middle, Last)	izabeth		11000					2. DATE			AR	TIME OF DEATH
	ANNE ELD 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	HARD	IF UNDER	4 WEAR	IF UNDER	34 MB6	7 DATE (09 DE BIRTH	90		2049 P M CE (State or Foreign
1	12-10-0112	1 M 2 X F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)		Country) PA	OE (State or Foreign
/	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY		1	
NO.	Memorial Hospital				C	UMBE	RLAN	D			ALLEG	ANY	
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MD Allegany Cumberland											I. INSIDE CITY		
DIRI	MD Allegany Cumberland							1/6	LIMITS? YES 2 NO				
AL	Toe. STREET AND NUMBER 104. STREET AND NUMBER 106. CITIZEN OF WHAT COUNTRY?												
EB	10e. STREET AND NUMBER 230 Valley Street 21502 USA 11. MARITAL STATUS 1 Never Married 2 Married PROCES? 1 YES 2 XNO 11. Never Married 2 Married 1 YES 2 XNO 12. WAS OECEDENT EVER IN U.S. ARMED If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc.												
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR YES 2 XX WAR OR OATES	MED O			city Cuba	n, Mexicar	n, Puarto F	? (Specify Yea Rican, etc.)	or No 14.	RACE — Black, W Specify: Whi	American Indian, hita, atc.
	15. OECEDENT'S EDU	CATION completed	16a. OE	CEDENT'S	USUAL O	CCUPATIO	N et of workin	ia	16b.	KIND OF BUS	INESS/INDUS		LCE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	#10.	Do NOT u	se retired.)			-		0 - 5	_		_
MP	17. FATHER'S NAME (First, Middle, Last)			ereb	hone	oper			or /Fi-A A	C & P	Teler	phone	e Co.
	Alfred E. Howe								. Ha		surrame)		
BE	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	Route Numb	per, City or Town			
2	Miss Ann H. Hard	len	23	30 V	alley	Str	reet	Cumk	erla	and, MI	2150	2	
	737a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	oval from Stata	20b. PLACE HillC	of dispo	errion (M	ime of com	Park	netory or			erlan		11111-1
	21. SIGNATURE OF FUNERAL SERVICE LIC	COL	sell.		S	name an carp umbe	elli	Fur	eral	. Home .502			
	23. PARO I. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cer	at caused the dause on each line Prolid Or AS A CONSE								4		Approximata Interval Between Onset and Death
		DUE TO	OR AS A CONSE	OUENCE C	OF):	· to	- /		0:10	co 10			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSEC	OUENCE C	DF):	2740	7		27-		*		
-ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. OUE TO	OR AS A CONSE	DUENCE O	OF):								
RTI	that initiated events resulting in death) LAST	4	(
ū	PART II. Other significant condition	se contributing to	death but not a	resulting	In the u	nderlylne		alven la	Dart I	24s. WAS AN	AUTOBEV	245 W	RE AUTOPSY FINDINGS
MEDICAL	TAIT II. Outer agriculture	- Contributing to	damir but not i	- Conditing	m uro u	induriying	Causa	given in		PERFOR	MED?	AM	AILABLE PRIOR TO IMPLETION OF CAUSE
9									_	1 TYES 2	LINO		DEATH?
									_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHE		ACE OF D	EATH (Ch	eck only or	10)			
YSI	1 YES 2 NO	1 🗆 Inpatient 2	☐ ER/Outpatient 3	_	4 🗆 Nu	rsing Hom		esidence					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	Day, Year)	26b. TII	ME OF JURY M		URY AT RK? /ES 2	ON	26d. DE	SCRIBE HOW I	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At ho	ome, farm,	street, fac	tory, office	•		28f. LOC City	ATION (Street a or Town, State)	and Number or	Rural Rout	e Number,
OMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of											nd menner as stated,
E C0	296. SIGNATURE AND TITLE OF CERTIFY	#					29c. LIC	ENSE NUI	WBER				onth, Day, Year)
00	cod.	reede	in w					08	377		> /1.	- 10	. 90.
임	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH //TE	M 27) /7/	e Printi						111		

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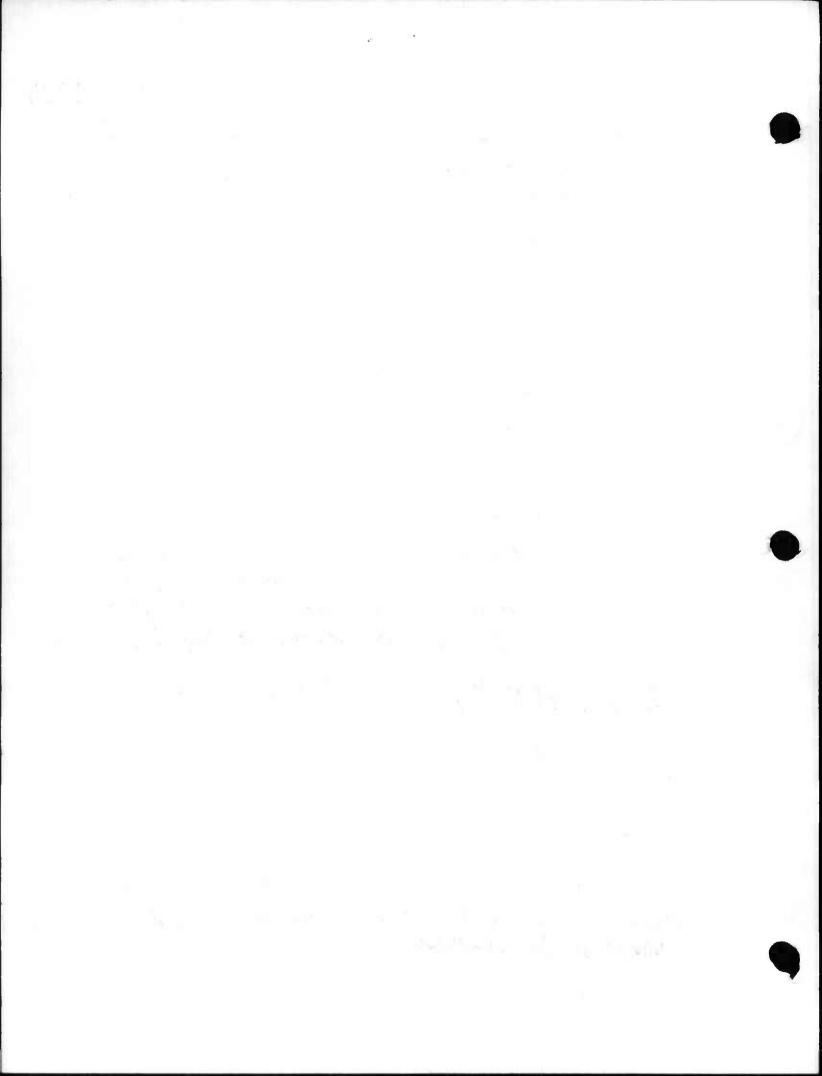


(SALTIMORE, MARYLAND 21203-3146	te manned by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the market of the contraction of the contr		be notified at once.
	BALTIMORE	urs after death. Page 6 ma	in by the funeral director, p.	ramoval.	edical examiner must
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from a man death. Proc. 6 may be incomed by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or namows	MPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

					1 n 4 , 3 i	0 10/2	*2 J	4
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM ERTIFICA	ENT OF H	EALTH AND		0.000	90 31834
	1. DECEDENT'S NAME (First, Middle, Last) MAY R.	HEINTZ	ř			2, DATE OF DE		S 45 AM
	1111 -1 D.1111	SEX 6. AGE (In yrs. les	YRS. IF U	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	(bar)	BIRTHPLACE (State or Foreign Country) OOKLYN, NY
OB	9a. FAGILITY NAME (# not Institution, give street Anne Avunder	Hedical Ceri	Her 1	CITY, TOWN O	DOLIS,	Nd.	BC. COUNTY Anne	e Arundel
DIRECTOR	100. STATE 100. COUNTY	Arundel	91	WN OR LOCATI				10d. INSIDE CITY LIMITS? 1 YES X 7 NO
	106. STREET AND NUMBER	ds Road	,,,,,	-	ZIP CODE	76	10g. CITIZEN	N OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	RMED NO		cify Cuban, Mexi	ANIC ORIGIN? (Specar, Puerto Ricen, coffy:	cify Yee or No- 14.	. RACE — Americen Indien, Bleck, White, etc. Specify: White
COMPLETED E	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (G fife College (1-4 or 5+)	ECEDENT'S USU Silve kind of work on Do NOT use reti	done during mo: ired.)			OF BUSINESS/INDUS	
	12 17. FATHER'S NAME (First, Middle, Lest) Valentine Henry	1014	ousewi	fe	2011	HONAME (First, Middle, Bollie		
TO BE	19e, INFORMANT'S NAME (Type/Print)	19	b. MAILING ADD		nd Number or Run	al Route Number, City	or Town, State, Zip Co	
	Richard L. Hein 20a. METHOD OF DISPOSITION 1 Burlel 27 Cremation 3 Remove	20b. PLACE	OF DISPOSITIO		Field:		Harwoo	d. MD 20776 y or Town, State
	4 Donation 5 Other (Specify)		ro Cre		O ADDRESS OF	B	altimor	e, MD
	· ball	ally		Harde	sty Fu	uneral	Home, P	
	23. PART I. Enter the disags of, or cor ahock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	st prily pria ceuse pri aach line	Anox	enter the mo	de of dying, s	uch aa cardiac o	r reapiratory arres	t, Approximate Interval Between Onset and Death
TIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CARDIO I DUE TO (OR AS A CONSE MATSINE DUE TO (OR AS A CONSE	EQUENCE OF);	ation at C	UN	net.	Roy P. C.	120
PHYSICIAN: MEDICAL CER	PART II. Other significant conditions GI person Fracture C					3	WAS AN AUTOPSY PERFORMED? YES 2 ANO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
SICIA		HOSPITAL:		THER:	ACE OF DEATH	(Check only one)	official and the second	
	27. MANNER OF OEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 26c. INJ	PURY AT DRK? YES 2 NO		E HOW INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Sulcide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, stree	et, factory, offic	•	28f. LOCATION City or Tow	(Street end Number or rn, State)	Rural Route Number,
COMPLET	CONSCI ONLY	AN: To the best of my knowledge, d On the basic of examination end/or						
TO BE C	29b. SIGNATURE AND THLE OF CERTIFIER	1 MD)		29c. LICENSE I	NUMBER 97	29d. OATE 5	SIGNEO (Month, Day, Year)
F	30. NAME AND AUGULTS OF PERSON WHO ANDREW GE	COMPLETED CAUSE OF DEATH (IT		na) Muller	y Ave	ANNA	POLLS N	1d 21401
	31. DATE FILED (Month, Day, Year) NOV 0 8 1990 4	22 REGISTRAR'S SIGNATURE	102.					

HE STERANT :

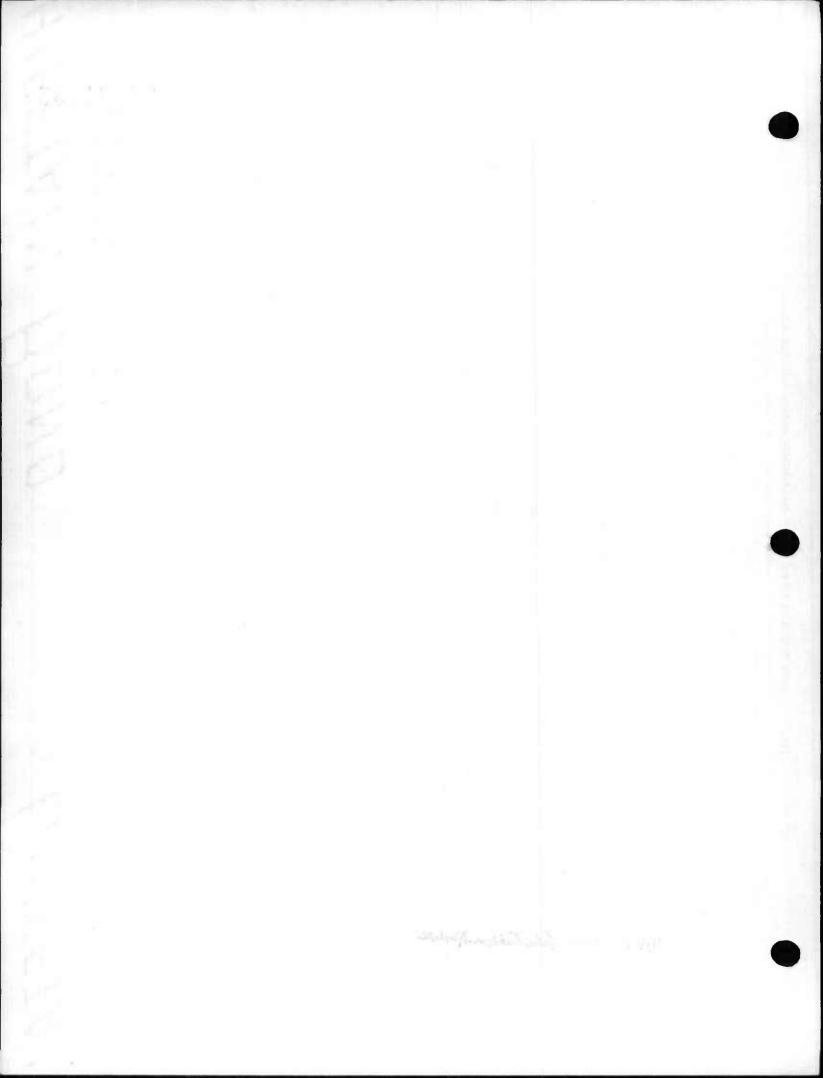
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TO BE COMPLE	TED B
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for al.	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital

REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.	20	3183	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	OAY	YEAR	3. TIME OF DEATH	
	elloyd	E.	Harri			-6-90		3:20AM	
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	BIRTH Day, Year)	8. BIRTH Country	PLACE (State or Foreign)	
the EACH ITY MARKE (If not institution of a	1 M 2 F	49 YRS.	OF CALL LONG O	- 1 00121011 05 D		20 41		YLAND	
96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH Annapolis Anna Arundel County RESIDENCE OF DECEDENT									
10a. STATE 10b. COUN			, TOWN OR LOCAT	IDN				10d. INSIDE CITY	
MARYLAND A	NNE ARUNDE	L AN	NAPOLI	S				1 YES 2 NO	
10s. STREET AND NUMBER			101.	ZIP CODE		10g. CI	TIZEN OF W	VHAT COUNTRY?	
1630 CLAY HIL				1401		U			
11. MARITAL STATUS 1 📉 Nover Married 2 🗌 Married 3 🗍 Wildowed 4 🗍 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 NO	If yes, spe	ENDENT OF HISPA Helfy Cuben, Mexico 2 NO Special	en, Puerto Ric	(Specify Yes or No— en, etc.)	14. RACE Black Specif		
15. DECEDENT'S EL		16a. DECEDENT'S	USUAL OCCUPATIO	N	18b. K	IND OF BUSINESS/IN	DUSTRY	BLACK	
(Specify only highest gra Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	Give kind of w		at of working	1000				
17. FATHER'S NAME (First, Middle, Last)		1		18. MOTHER'S NA	ME (First, Mic	idie, Maiden Surname)			
ELLIS HARRIS				MAR	Y HEN	SON			
19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number	; City or Town, State, Z	(ip Code)		
MARY HAROLD		1630	CLAY H	ILL RD	. ANN	APOLIS,	MD.	21401	
20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re	movel from State	0b. PLACE OF DISPOS other place)	ITION (Name of cen	netery, crematory or		20c. LOCATION	- City or To	wn, State	
4 Donation 5 Other (Specify)			ARY CH				D, M	ARYLAND	
21. SIGNATURE OF FUNERAL SERVICE	1 Reese		100	E & SOL		1 WEST RTUARY,		ANNAP81	
IMMEDIATE CAUSE (Final	s. List only one cause on	GEGII IIIIG.							
disease or condition resulting in death)	Arterioscl	erotic ca		cular di	sease			intarval Bety Onset and D	
disease or condition	B		r):	cular di	sease				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d.	B A CONSEQUENCE OF	ŋ; ŋ;					Onset and D	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are properly that initiated events resulting in death) LAST	b. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. One contributing to death	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting i	n the underlying	j cause given ir	Part I.	PERFORMED?		WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a refours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunlat, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF MARYLAND /				MENTAL	HYGIEN	E	0 0	1000
	REGISTRAR	reman Hunt	RTIFI	CATE	OF DEATH	2. DATE OF MONTH	D	y o	EAR 3. TIN	NE OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yra. lost	-	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF (Mogth, E	BIRTH Pay, Year)	8.		(State or Foreign
TOR	9a. FACILITY NAME (If not institution, give atree ANNE ARUNDEL ME) RESIDENCE OF DECEDENT			WN OR LOCATION OF NAPOLIS	OEATH	,	9c. COUNTY ANNE	ARUN	DEL	
DIRECTOR	10a. STATE 10b. COUNTY MD ANNE	ARUNDEL		TOWN OR L	IS				X	NSIDE CITY IMITS? YES 2 NO
FUNERAL		REET 12. WAS DECEDENT EVER IN U.S. APR FORCES? 1 YES 2 W	MED O		10f. ZIP COOE 214(DECENDENT OF HISP s, specify Cuban, Maxi	ANIC ORIGIN? (U	S & A . RACE — And Black, White	
ED BY	1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDUCA (Specify only highest grade co	IF YES, GIVE WAR OR DATES	CEDENT'S U	1 [YES 200 NO Special NO Special No.	elfy:		SINESS/INDUS	Specify: WHIT	
COMPLET		College (1-4 or 5 +)		entired.)		NAME (First, Mid		HOME Surname)		
MATTHEW FOREMAN MARY ELIZABETH MCGOWAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Pouls Number, City or Town, State, Zip Code)										
	ROBERT F HUN' 20a. METHOD OF DISPOSITION 1 Divide 2 A Cremetton 3 Remove Donatton 6 Other (Specify)	20b. PLACE C	PESPOSI	TION (Name	ST . ANNA of cometery, cremetory of CREMATO	7	20c. LO	CATION CIT	y or Town, St	
	21/SIGNATURE OF FUNERAL SERVICE LICE	Lu fa	/		LOR FUNI		HAPI	EL,AN	NAPOL	IS,MD
	23. PART I. Enter the diseases, or co- ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that ceused the dest only one sause on each line.	110	2000	e mode of dying, a	ech aa cardia	c or reap	ratory erres	100	Approximets Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU			(/rtdl)					
PHYSICIAN: MEDICAL CER	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. END STEEL ASSUME THE DESCRIPTION OF CONFIDENCE OF OEATH? 1 YES 2 NO 1 YES 2								ABLE PRIOR TO PLETION OF CAUSE EATH?	
Z5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO										
ВУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At ho	28b. TIME INJU	URY M	e. INJURY AT WORK? 1 YES 2 NO	28f. LOCAT	ION (Street	and Number or		lumber,
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only control of the c	building, etc. (Specify) AN: To the best of my knowledge, de				lue to the cause	. ,	nner as stated		
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination and/or in	nvestigation	n, In my opir	29c. LICENSE N		nd place, a		SIGNED (Mont	
9	The Mark also adopted of pendous have	COMPLETED CAUSE OF DEATH (ITEL	VAT (7	D. (- 4)	1 7//	/) _		. /	4	

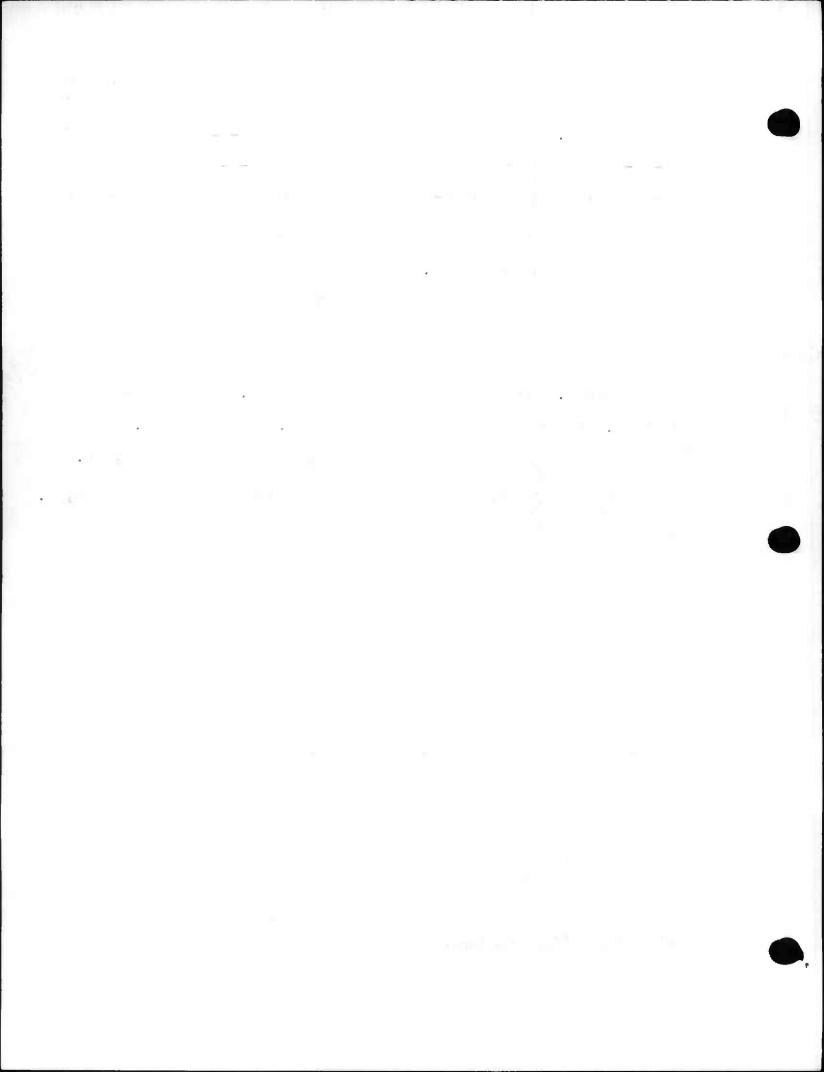
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S	B	18	.00
E	6	affe	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remov	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
Z	A	2	=
IId.	ER	5	=
호	FI	秦	M
Ψ	Ψ	20	R
T C	T C	日の	AP.
F	F	۵	=

	1 - STATE REGISTRAR	TATE OF MARYLAN	ID / DEPART Certifi			WENTAL HYGIENI REG. NO.	90	31837
-	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH
	LOUISE T.		SHBERG			11-1-19		, м
	777-77-7477	SEX 6. AGE (In y	75 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURIE MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-8-191	0	BIRTHPLACE (State or Foreign Country) irginia
	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF O		9c. COUNTY	
5	Anne Arundel Med		1		napolis			e Arundel
5	RESIDENCE OF DECEDENT							
DIRECTOR	Maryland Anne	Labaua	10c. CITY,	TOWN OR LOCA 正己	gewater			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
	104. STREET AND NUMBER	al dider			of. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
¥	2700 Solomo	ns Island	Rd.		21037		-	SA
FUNEHAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.				NIC ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian, Black, White, atc.
1	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			S 2 PNO Specif	n, Puerto Rican, etc.) y:		SpecifiWhite
ED	15. DECEDENT'S EQUICATION	ON 4	6e. DECEDENT'S (ISUAL OCCUBAT	TON	16b. KIND OF BUS	INESS/INDUST	rav
	(Specify only highest grade com	pleted)	(Give kind of w life. Do NOT use	ork done durina n	nost of working	les. KIND OF BOS	INCSS/INDOST	"
7	8	Mege (I-4 of 5 4)	Home	maker		Но	me	
COMPLEI	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden	-	
BEC	Thomas F.	Trenary				L M. Brai		
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
	Bonnie S. Vaugh:				emetery, crematory or	Hampstea		or Town, State
	1 Burial 2 Cremetion 3 Removal 4 Donation 6 Sther Specify	from State	ther place)	111111111111111111111111111111111111111	Cemeter	1.7.2		er, Va.
	21. SIGNATURE OF BUNGHAL SERVICE LICENS		TO LEGILLO		ANO ADDRESS OF FA			
	reffray S. T.	aylor		Tay	lor Fund	eral Chap	el An	napolis,Md.
	23. PART I. Enter the diseases, or community in the commu	DUE TO (OR AS A C	ER.		oue or dying, suc	iii ee ceruruc or respr		, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C						
PHYSICIAN: MEDICAL	PART II. Other significant conditions c	ontributing to death but	not resulting i	n the underly	ing cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)		
2	1 D YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpat		4 - Nursing H		6 Other (Specify)		250
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (LASTIN-Day Year)	295. TIM	URY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	NJUHY OCCUR	EO
8	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, ferm, s			261. LOCATION (Street		Rural Route Number,
	4 Homicide S Could not be determined	building, etc. (Specify	1)			City or Town, State		
COMPLETED	CONSER ONLY	N: To the best of my knowled						suse(s) and menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	40			29c. LICENSE NO	IMBER	29d. DATE SI	IGNED (Month, Day, Year)
3 BE	woma No	les			124	168	▶ ///	12/90
2	30. NAME AND ADDRESS OF PERSON WHO C		1 G COL		nd a	21401		
	NOV 07 1990 Julia	32 REGISTRAR'S SIGNAT	DOL.	•				



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1

NOV 15 90

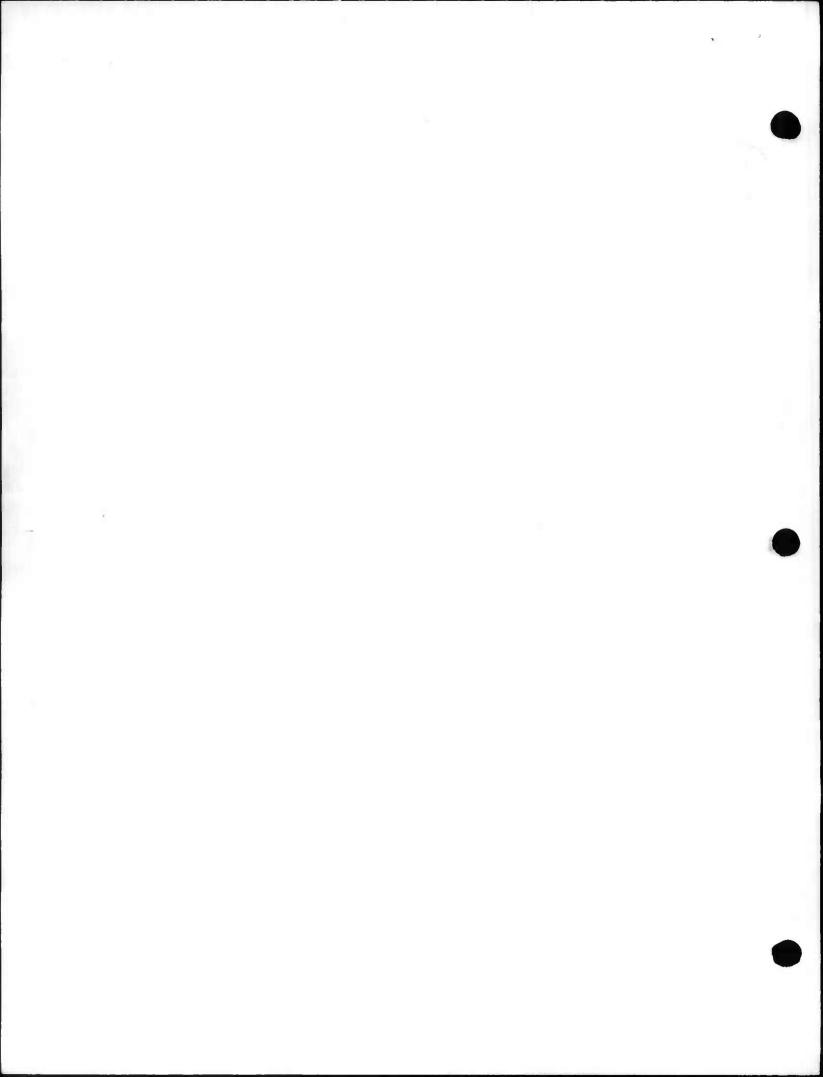
TO BE COMPLETED BY FUNERAL DIRECTOR

1

						90	31838
1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)	1 11. 1	,	AIL 01		2. DATE OF DEATH		3. TIME OF DEATH
· Pauline V	Hipsle	ZV			MONTH D	3 9	0 12 30. 14
4. SOCIAL SECURITY NUMBER	5. SEX E. AGE (In yes.	· MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pey, Year)	0.	BIRTHPLACE (State or Foreign Country)
207-01-99331	1 D M 2 SF 85	YRS.			2/18/0	26	W. VA,
9a. FACILITY NAME (If not institution, give str	·	- 1		R LOCATION OF DE	ATH	9c. COUNTY	
Asbury Health	Care Center			rsburg		Monto	yomery
10a. STATE 10b. COUNTY			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
Md Monta	omery	Gait	thersb	Urq ZIP CODE		I son CITIZES	1 XYES 2 NO
211 Russell	Δυρημο		101.	20877		USA	TOT WHAT COOKINIT
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.			ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		. RACE — American Indian, Black, White, etc.
1 Never Married 2 Merried X X Widowed 4 Divorced	FORCES? 1 TYES 23	NO		2 NO Specify	n, Puerto Rican, etc.)		Specify:
15. DECEDENT'S EDUC	ATION 160	DECEDENT'S US	IIAL OCCUBATIO	NAI .	16b, KIND OF BU	SINESS (IND.)	white
(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use n	done during mos	st of working	TOUL KIND OF BU	J. TEGG/MUUS	
8th	oblings (1-4 of 5 +)	100	oper		clothi	ng	
17, FATHER'S NAME (First, Middle, Last)				171.000	ME (First, Middle, Maiden	Surname)	
Adam L. Parkin	son				V. Stuck	ud.	
19a. INFORMANT'S NAME (Type/Print) Marvin W. Hipsl		_	7001-		houte Number, City or Tow Lanhan		
20a, METHOD OF DISPOSITION	20b. PLA	CE OF DISPOSITI		netery, cremetory or			y or Town, State
1 St Buriel 2 Cremation 3 Remo		sedale	Ceme	terv			ourg, WV
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	ID ADDRESS OF FA	CILITY		
> Glevan K	V. Lead				eral Cha e Rd., M		W Va
23. PART I. Enter the diseases, or controllers in	omplications that caused that List only one cause on each I						
IMMEDIATE CAUSE (Final					¥.		Onset and Death
disease or condition resulting in death)	DUE TO (OR AS A CON	tive	ttear	t Fac	lure		10 years
	Mitral S						10 years
Sequentially list conditions,	DUE TO (OR AS A CON		5 . 5				7000
if sny, leeding to immediate cause. Enter UNDERLYING							
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):					
resulting in death) LAST	1						
PART II. Other significent conditions	s contributing to death but no	ot resulting in	the underlying	g cause given in	Part I. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Hyponatren	ria				1 🗆 YES		COMPLETION OF CAUSE OF DEATH?
							t 🗆 YES 2 🗀 NO
25. WAS CASE REFERRED JO MEOICAL			00 PV	ACE OF OFFICE			
EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Ch	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUI	RED
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		YES 2 NO			
3 Suicide 6 Could not be	26a. PLACE OF INJURY — A building, etc. (Specify)	I home, farm, stre	et, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,
4 Homicide determined							
Check only	CIAN: To the best of my knowledge						
2 WEDICAL EXAMINE	R: On the basis of examination and	vor investigation,	in my opinion, d				
296. SIGNATURE AND TITLE OF CENTIFIER	MT			29c. LICENSE NUI	076		vember 3, 1990
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	ITEM 27) (Type, A	rint)	1 100	10	1,48	vemoer 4,1440

108

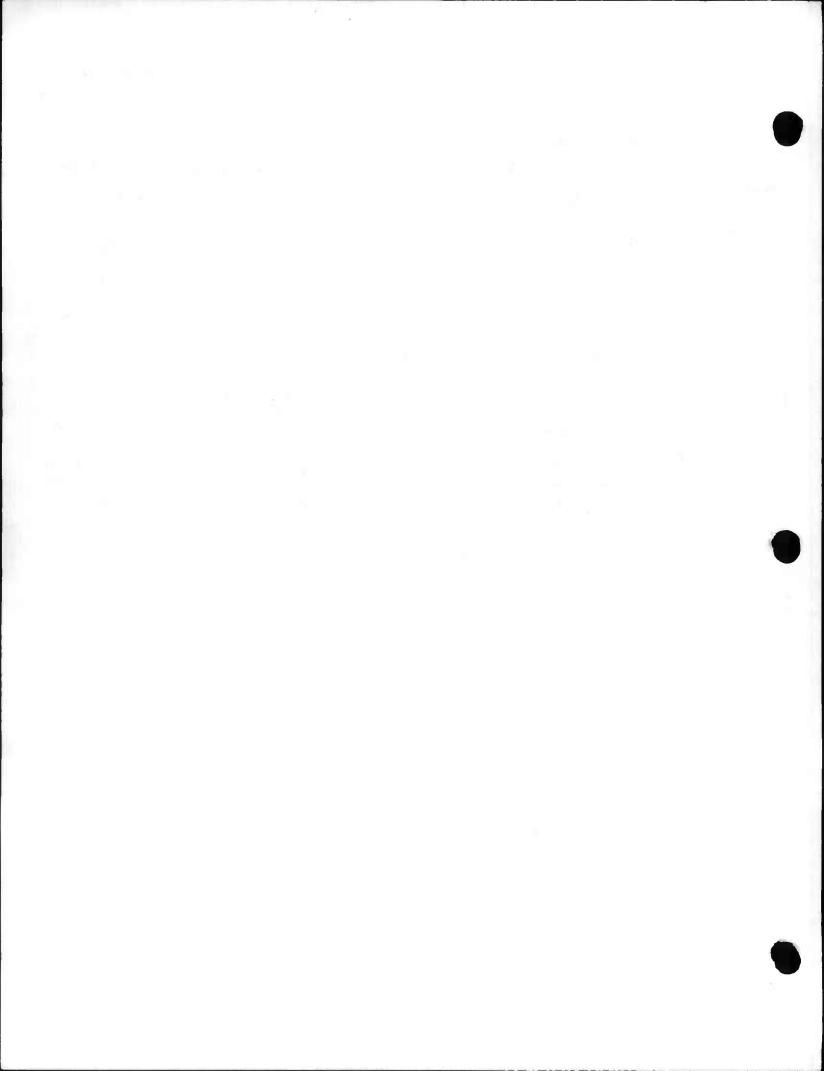
Poolesville, MD



	FOR
1	STATE REGISTRAR
	11201011041

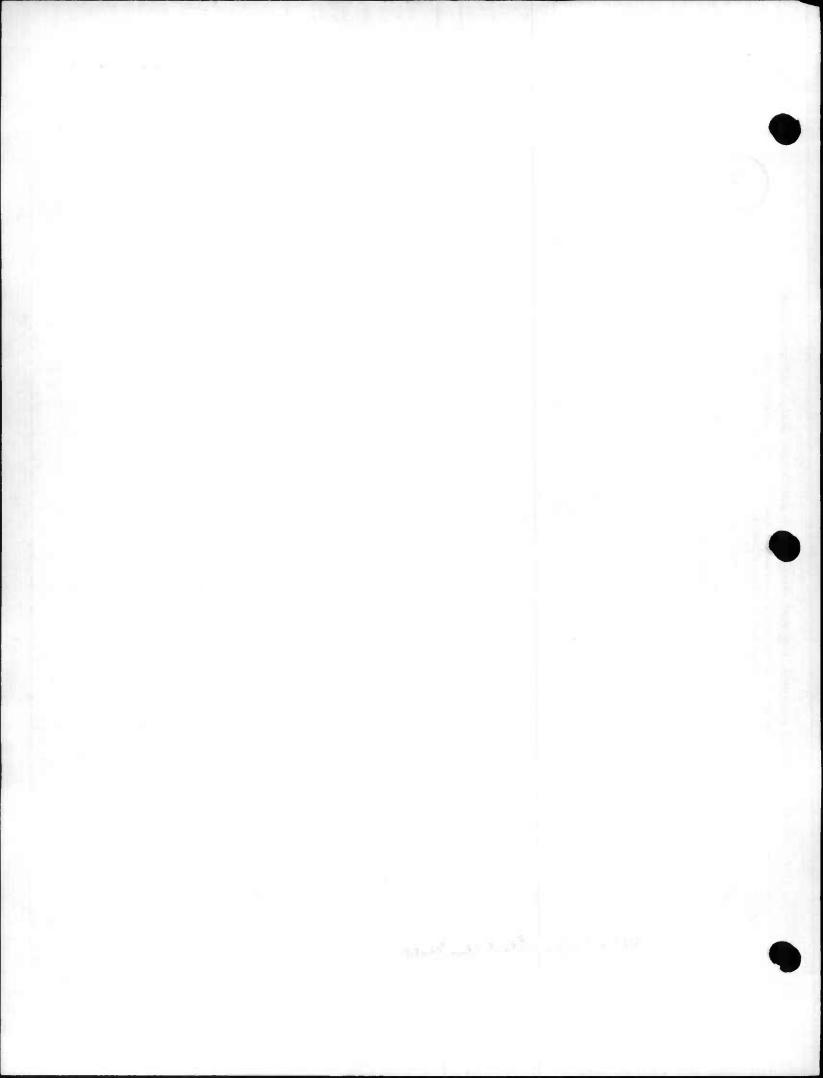
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

		HEGISTHAH		CERTIF	ICALE OF	DEALL	HEG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)			1		2. DATE OF DEATH DA		
	"ñ	4. SOCIAL SECURITY NUMBER	H 5. SEX 8. AGE	Charles to a block doub	Tearn	I	November &	2 199	IRTHPLACE (State or Foreign
P)		550.	S. SEX S. AGE	(In yrs. lest birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) 2-/2-//	0	ountry)
(P)		9a. FACILITY NAME (If not institution, give street		1	96. CITY, TOWN (OR LOCATION OF DE		9c. COUNTY	
8	4	PENINSULA GENERAL	HOSPITAL		SALISH	BURY		WICO	MICO
~ (Approx), and	T	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 4		1- T 100 CIT	Y, TOWN OR LOCAT	TION O			10d. INSIDE CITY
permit. Pages	DIRECTOR	Md.	Somers	K / 102.511		Frince	CKSS An		1 YES 2 NO
nsit perm	FUNERAL	RT-3 BOX 416			101	2-1853	3	10g. CITIZEN	of WHAT COUNTRY?
physician. burial-transit	F.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 \(\sum \) YES	2 NO	If yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 NO Specif	y:		Specify: Black
r attending use as the	E	15. DECEDENT'S EOUCA (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	18b. KIND OF BUS	SINESS/INDUST	RY
0 5	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		oo rollrod.) USEWI			111	9
the hospital detached it	COMPL	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden	Surname	
3 8 8	BE	John Jones				BETT	WATER	3	
s retained to 5 should notified	2	19a. INFORMANT'S NAME (Typo/Print)		P+ Z	ADDRESS (Street a	and Number or Rural	Royte Number, City or Town	n, State, Zip Coo	11 710,50
be bag		200, METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	SITION (Name of ce	metery, crematory or	MCRSS HM 20c. LO	CATION — City	or Town, State
e 6 ma rector, g		1	ral from State -16 90	other place)	hn Wi	SEY	Prin	KKSS A	nnx Mc.
ter death. Page 6 m the funeral director, wal.		21. SIGNATURE OF PUNERAL BERGCE LICE	NOSEE //		22. NAME A	ND ADDRESS OF FA	CILITY Pri	NCESS	Anne md.
r death. he funeral.		Mulhay 2.	llow		103 +	TAMPGE	nHUK	2	1853
ted within 24 mours after completely filled in by the hal, cremotal or removal cevent, the medical		23. PART I, Enter the diseasee, or co shock, or heert feliure. Li			not enter the mo	ode of dying, euc	th ee cardlec or reepl	ratory erreat,	intervai Between
y filled then the m		iMMEDIATE CAUSE (Finei dleease or condition							Onset and Death
d within 24 ompletely fille i, cremation, event, the		reculting in death) e.	OUE TO JOH AS	A CONSEQUENCE O	P):	7			
and com bunial,	Z	Sequentially liet conditions, b.	Ha	nens	Terr	en			
23 10 00 50	CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):				
certificate ding physi hygiene pri r other tr	FIC	CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE O	F):				1
	RT	resulting in deeth) LAST	C	AD					
. 0 . 0 .		PART ii. Other aignificant conditions	contributing to deeth	but not resulting	in the underlyin	g ceuse given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
× 30 %	EDICAL						PERFOR 1 □ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
res ign	MED							- 55	1 YES 2 NO
e law requires been so Dept. of H									
ATTENDING PHYSICIAN: The law requires the OIRECTOR: After this certificate has been signed hours after death with the State Deor, or Health.	SICIAN:		HOSPITAL:		28. P OTHER:	LACE OF DEATH (C)	neck only one)		
SICIAN certific the S	PHYS	1 YES 2 AO	1 Pinpatient 2 ER/Ou 28e. OATE OF INJURY	/ 28b, TIN	E OF 28c. IN	JURY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	EO
PHY with the PHY	ВУ РІ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		ORK? YES 2 NO			
DR ATTENDING DIRECTOR: After hours after death teem 28 is mail		3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, pecify)	street, factory, offi	ce	28f. LOCATION (Street City or Town, State)	and Number or I	Bural Floute Number,
A ATTEN RECTOR: urs after m 28 i	ETE	4 Homicide determined							
B B B E	COMPLET	(Critical Drilly	IAN: To the best of my kno : On the basis of examinst						puse(s) and manner as stated.
TO THE HOSPI TO THE FUNER THE WITHIN	EC	29b. SIGNATURE AND TITLE OF CENTIFIED				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
다 다 20 MI	TO B		his			129	749	▶ 1/~	7-90
	F	ium. Robius &	+. 50 + Civic	AVE S	Alisbury	1, md. 21	1801		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE Panda	92.	1			

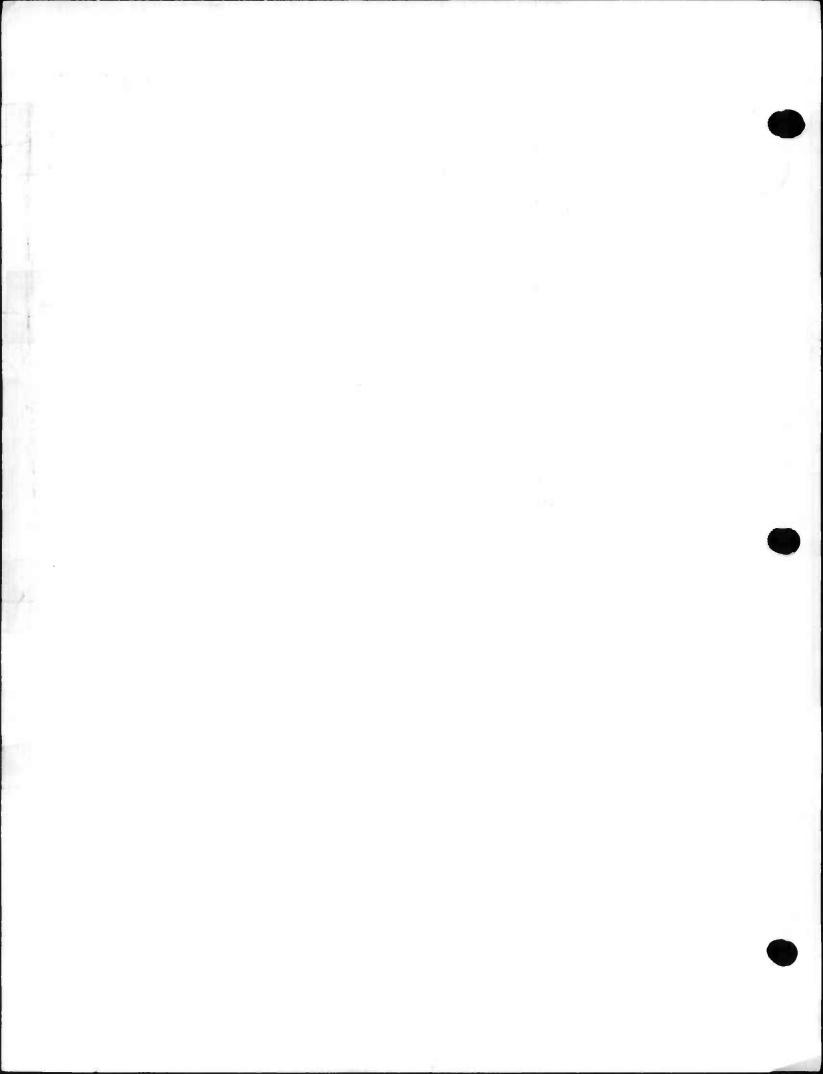


BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present Annual Completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune find within 29 hours after death with the State Dent of Health and Mental Hotelene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	IMPORTANT: If Item 28 Is ma

	REGISTRAR		CERT	TIFICA	TE OF	DEATH	R	EG. NO.		
)	1. DECEDENT'S NAME (First, Middle, Last)							DEATH	VEAD	3. TIME OF DEATH
ľ	James	Allen	H	Howar	d	Sr.		per 7, 1	990	2305 M
	4. SOCIAL SECURITY NUMBER 216 12 4970	5. SEX 6. 1 🔀 M 2 🗌 F	AGE (In yrs. lest birth	day) IF U	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da June	NRTH (19 , 1917	8. BIRTH Countr	IPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. (CITY, TOWN	OR LOCATION OF D	EATH	9c. COI	JNTY OF D	EATH
DINECTOR	Calvert Memoria	l Hospital			Princ	e Freder	ick		Calve	ert
Ĭ	10s. STATE 10b. COUNTY	′	100	. CITY, TOV	WN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	MD Cal	vert	I	Dunki	rk					1 TES 2 1 NO
ומורוואר	3601 Lyons Cree	ek Rd.			10	20754				VHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IT IF YES, GIVE WAR	DUNKITK 101. ZIP CODE 109. CITIZEN OF WHAT COUNT USA 20754 118. WAS ECONSEQUENCE OF): 101. ZIP CODE	t, White, etc.						
3	15. DECEDENT'S EDU	CATION	16a. DECEDE	NT'S USUA	L OCCUPATION	ON	16b. KIN	D OF BUSINESS/IN	DUSTRY	
COMPLEIED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) Cottage (1-4 or 5+)	(Give kin	id of work d IOT use retir	lone during mo ed.)	at of working				
	6		Far	mer				ONTH DAY Vember 7, 1990 ATE OF BIRTH Month, Day, Year) ITE 19, 1917 Sec. COUNTY OF DEAT Calver 109. CITIZEN OF WHA USA RIGHY (Specify Yea or No— 14. RACE— 16. KIND OF BUSINESS/INDUSTRY Agriculture First, Middle, Melden Surname) Maude Catterton Number, City or Town, State, Zip Code) 20c. LOCATION—City or Town, Lothian (AA) Y Home, Owings, MD cardiac or reapiratory arrest, 1. 24e. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☐ NO Other (Specify) DESCRIBE HOW INJURY OCCURED LOCATION (Street and Number or Rural Rou- City or Town, State) The Cause(e) and manner as stated. Indeed and place, and due to the cause(e) and details and details and det		
	17. FATHER'S NAME (First, Middle, Last)									
,	Charles Thoma	s Howard				Agnes	Maud	e Catt	certo	n
IO DE	190. INFORMANT'S NAME (Type/Print) Ruby F. Howard		19b. MA				Route Number, (City or Town, Statu, Z	(ip Code)	
	20a. METHOD OF DISPOSITION 14 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE OF D Mt. ZIO	n UM	Name of ce C Ceme	metery, cremetory or etery				
	21. SIGNATURE OF PUNERAL SERVICE LI	ENGER						Owings	s. MD	20736
\dashv	22 PART I Enter the diseases or	nomaliantians that a	award the death	Do not o						
	ahock, or heert fellure. JMMEDIATE CAUSE (Final	List only one cause	on each line.				on all cardiac	or reaptratory a	rroot,	Approximate Interval Between Onset and Death
	resulting in death)	a. DUE TO (OI	R AS A CONSEQUEN	CE OF):	rec					Sminute
	Sequentially flat conditions,	· basalc	ell car	ein	oma	invade	ing the	a braic	٠,	years
CERTIFICATION	is any, resulting to minimulate	DUE TO (OI	R AS A CONSEQUEN	CE OF):			0			3
3	CAUSE (Disease or Injury	c.	A A COMPECUEN	OF OF						
	that initiated events resulting in death) LAST	002 10 (01	A A CONSEGUEN	GE OF J:		-				İ
		d								-
	PART II. Other eignificant condition	na contributing to de	eth but not resul	ting in th	e underlylr	g cause given in	Part i. 24		7 24t	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
THE PLANE							_ 1			COMPLETION OF CAUSE
										1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	heck only one)		_	
2	EXAMINER?	HOSPITAL:	R/Outpetlant 3 🗆 D		HER:	no 8 🗆 Basidana	# Chhar (C)	needled.		AND DELL'AND
THI SICIOIN.	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	JURY 28	b. TIME OF	26c. IN	JURY AT DRK? YES 2 NO	Y		CCURED	
10 01	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF I	NJURY — At home, 1 c. (Specify)	farm, street			261. LOCATIO City or To	ON (Street and Numb own, State)	er or Rural	Route Number,
ų	TOWNS MANAGEMENT						1			
COMPLEIED	cond only									a) and manner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIE	rath	k. 9	PM	18.	29c. LICENSE NU	IMBER	PATH DAY 1990 3. BIRTHPLE COUNTY OF 1990, 1917 9c. COUNTY OF DEAT CALVER 100 101 109. CITIZEN OF WHAT USA Decity Year or No— 14. RACE—etc.) 100 11 100 CITIZEN OF WHAT USA DECITY AGRICULTURE Maiden Surname) 12 Catterton (AA) 100 Catterton (AA	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI		OF DEATH (ITEM 27)	(Type, Print	1)	Dui -	CO Exc	dorigie	Masses	land 20679
	Jonathan Fear		O DIOMATING			Prin	ce rre	der.rck,	riat y.	Tallu 20076
	31. DATE FILED NO. 19 13 199	O Julia Dan	s signature Adson-Rand	ell.						
_					_		_			



	FOR 1 - STATE REGISTRAR	STATE OF MARYL					EALTH AND I	MENTAL	HYGIEN REG. NO.	e 90	3	1841
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 455-03-2627	[0	m yrs. lest	A A birthday)	# IMDER	1 YEAR	IF UNDER 24 HIRS. HOURS MIN.	7. DATE (OF BIRTH L Day Year)	C	IRTHPLA	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give so	A - 3			31	TOWN O	R LOCATION OF DE	Accessoration .	. 15,	Mod	PEXA DEATH	
- DIRECTOR	MARYLAND 10e. STREET AND NUMBER	MONTGOMERY		10c, CI1	TY, TOWN C	VHEA	TON	(1		1 [INSIDE CITY LIMITS? YES 2 NO
FUNERAL	11939 BLUEH	ILL ROAD 12. WAS DECEDENT EVER IN FORCES? 1 X YES	N U.S. ARI	MED O	13.	WAS DEC	20 ENDENT OF HISPAN	902 NIC ORIGIN	17 (Specify Yas	10g. CITIZEN USA or No 14.1	1	American Indian,
B≼	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade	IF YES, GIVE WAR OR DA	16a. DE	CEDENT'S	S USUAL O	CCUPATIO	2 NO Specify	y:		SINESS/INDUST	Specify:	WHITE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			writed.)	ER			J.S. G	OVERNMI	ENT	
	17. FATHER'S NAME (First, Middle, Last) FERNANANE	HOFFMANN					18. MOTHER'S NA AUGUS'		Middle, Maiden	Surname)		
TO BE	19a, INFORMANT'S NAME (Type/Print)						nd Number or Rural					
F	SELIMA HOFFMANN						L ROAD,	WHEA'	_			
	20a_METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	1.4	other ple	inn's			netery, cremetory or CEMETER	Y	1	CATION — City ANTONI (
	21. SIGNATURE OF FUNERAL SERVICE LIC				22.	NAME A	ND ADDRESS OF FA	CILITY	-			
	1 Kan 9	3=	_				IS J. CO: NIVERSIT					
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ech ilna		not enter	the mo	de of dying, auc	ch ae cerr	diec or reap			Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. ADUE TO (OR AS A	S C A CONSEC	UENCE O	OF): Au OF):	H	east o	lise	isl			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEC	DUENCE (OF):							
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	a contributing to deeth b	out not r	eaulting	in the u	nderlyln	g ceuse given in	Part I.	24a. WAS AMPERFO	RMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH (C/	heck only o	ne)			
IXSI	1 VES 2 NO	1 Inpatient 2 ER/Out	patient 3	DOA 28b. TI	4 🗆 Nu	raing Hon	ne 5 🗆 Residence		1.7	INJURY OCCUR	En	
BY PH	1 Netural 5 Pending	(Month, Day, Year)			M	W	YES 2 NO	200. 01.	SCHIDE HOW	INGONT COCON		
1	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe		me, farm	, street, fac	tory, offic	:0		CATION (Street or Town, State	and Number or F)	Rural Flout	Number,
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the best of my know									iuse(a) an	d manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE TOM P - H	amosto	nt	M	1)		D-200	6 Z		29d. DATE SI	GNED (M	onth, Day, Year)
ř	30. NAME AND ADDRESS OF PERSON WIT	NARKITIM	D.	-	201	16	HSt. SIL	VER	SPR	ING. 1	ND	20910
	NOV 02 90	32. REGISTRAR'S SIGN	dson_	Rand	epe_							



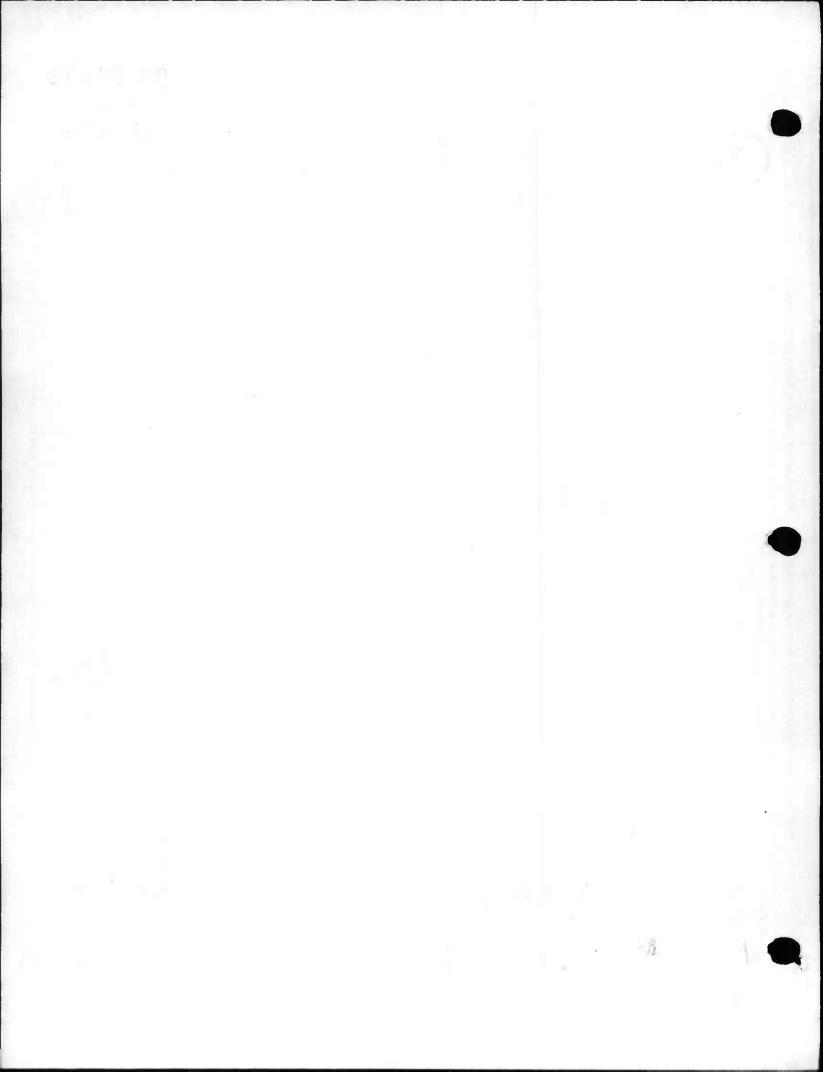
TO THE HOSPING, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the function of the function. And the function of the conflicate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached to fill the function of the fun	w requires that the death is been signed by the atter pt. of Health and Mental 3 shows any injury, c	n certificate be anding physician Hygiene prior to be other traum	precuted within and completel bunial, crema tatic event,	urs after des y filled in by the fu tion, or removal.	rth. Page 6 may be neral director, page miner must be	retained by the ho 5 should be detact notified at once
--	--	---	---	---	---	--

I. SOCIAL SECURITY NUMBER		11,11	hica	22	2. DATE OF DEATH	y 3	3. TIME OF DEATH-		
	MARIE 6. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	· - 9	BIRTHPLACE (State or Foreign		
443-26-8045	1 - M 2 VF	92 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 3	Country) ASHINGTON, D. (
De. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY			
Holy Cross	Hospital		Silvi	er Sp	ring	mo	ntaomeru		
RESIDENCE OF DECEDENT 106. STATE 106. COUNT	v	10c CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY		
		,	HINGTON		-		LIMITS?		
IOO. STREET AND NUMBER		11110		. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?		
1733 MINNESOTA AV	ENUE, S.E.	3		20020	الراق الما	2	SA		
II. MARITAL STATUS Never Married 2 Married Marrie	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR DR E	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yee an, Puerto Rican, etc.) fy:		. RACE — American Indian, Black, White, etc. Specify: VHITE		
15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	USUAL OCCUPATION	DN	16b, KIND OF BUS				
(Specify only highest grade Elementary/Secondary (0-12)			vork done during mo						
7		MONEY M	AKER		BUREAU C	F ENG	RAVING		
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)			
JAMES PAUL					BURNS				
19a. INFORMANT'S NAME (Type/Print)	(DAMGUMED)				Route Number, City or Town				
ETHEL M. INGRAM	(DAUGHTER)	12306 b. PLACE OF DISPOS	DALEWOOI		WHEATON, M		ND 20902 y or Town, State		
1 Buriel 2 Cremetion 3 Rem	oval from State	other place) CEDAR HIL							
21. SIGNATURE OF FUNERAL SERVICE LIN		DEDAK HIL		ND ADDRESS OF FA		LAND,	MARYLAND		
> Delati	2/. 1.				LLINS FUNER				
23. PART I, Enter the diseases, or	complications that cause	d the death. Do r					PR. MD. 20901		
shock, or hasrt fallure.	List only one cause on		TOT SINGI THE TIX	nuo oi uying, sui	on as cardiac or respi	ratory arros	Interval Between Onset and De		
IMMEDIATE CAUSE (Finsi disease or condition	CARDIO	PULMO	MARY	ARK	25.57				
resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):	1					
	· CON	BESTI	WE f	TEART	FARL	RE.	and		
Sequentially list conditions, If any, leeding to immediate									
cause. Enter UNDERLYING CAUSE (Disesse or Injury									
CAUSE (Disease of Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	d								
PART II. Other significant condition	ns contributing to death	but not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN		
					1 TYES 2	NO	OF DEATH?		
							1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
1 TES 2 NO	1 Cinpatient 2 ER/Ou 28e. DATE OF INJURY			ne 6 Residence	6 Other (Specify) 28d, DESCRIBE HOW	NJURY OCCU	RED		
27. MANNER OF DEATH	(Month, Day, Year)		JURY W	ORK? YES 2 NO					
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation									

BEATH (ITEM 27) (Type, Print)

JOHN MERENDINO,
31. DATE FILED (Month, Day, Year)

32.
32.
32.
33.
34. 0, M.D. 4701 RAN 32 REGISTRAR'S SIGNATURE Julia Davidson-Randale



You's after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DALLIMONE, MANILAND	thin 24 murs after death. Page 6 may be retained by the hospita	etely filled in by the funeral director, page 5 should be detached is emation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF		HYGIENE
CERTIFICATE (OF DEATH	REG. NO.
HADDY EDGAD HILES		

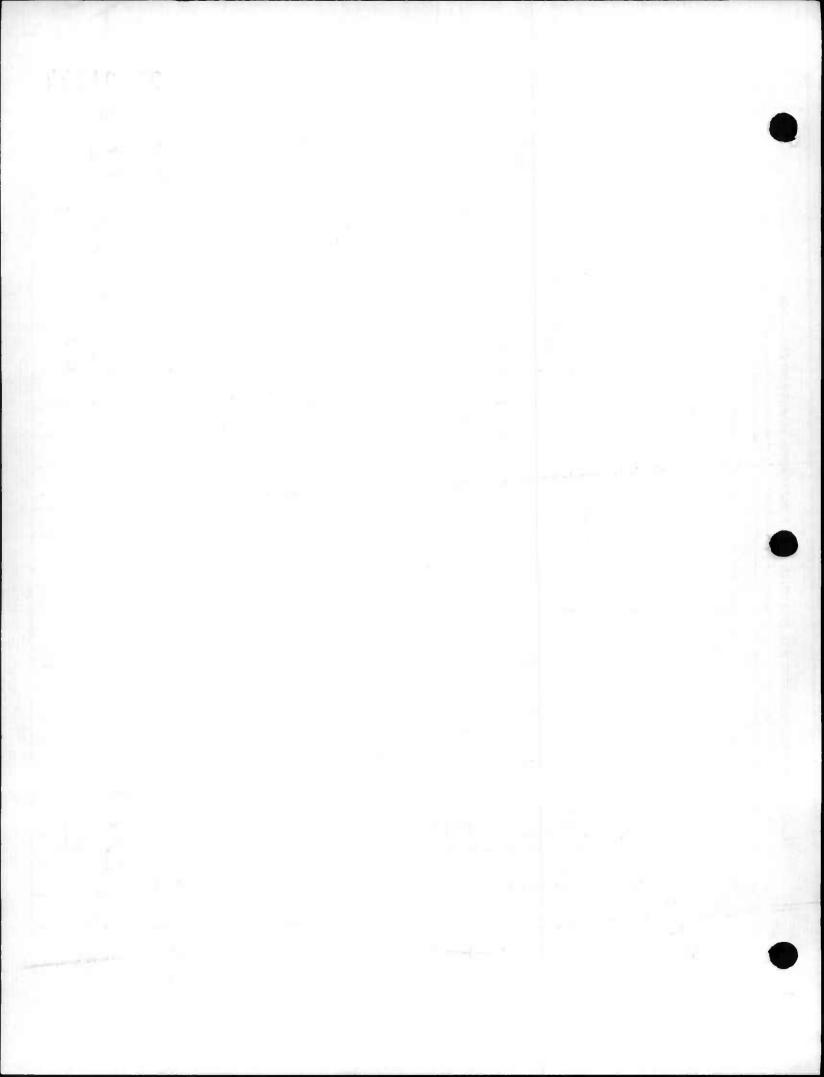
	1 - FOR STATE OF MAR		ARTMENT OF HI		NTAL HYGIENE REG. NO.			
ļ	Harry EDGAN	DGAR HUF	uff		DATE OF DEATH	- 9°0	3. TIME OF DEATH 5:00 P. M	
	4. SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month, Day, Year) Aug. 31,19						
OR	99. FACILITY NAME (If not institution, give street and number) Washington County Hospita	l	96. CITY, TOWN O	LOCATION OF DEATH	1	Wash:	oeath ington	
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY Maryland Washington	10c. C	Hagersto			10d. INSIDE CITY LIMITS? 1\(\sum_1\) YES 2 \(\sum_1\) NO		
RAL	100. STREET AND NUMBER 324 Radcliffe Avenue		101.	ZIP CODE 21740	-1	U.S	WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1	YES 2 NO	If yes, spe		ORIGIN? (Specify Yes or Puerlo Rican, etc.)	Bie	CE — American Indien, ick, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+)	(Give kind life. Do NO)	rs usual occupation of work done during most use retired.) k Driver		Super M		milec	
BE CON		Huff		Hattie	J =	Cra	amer	
10	190. INFORMANT'S NAME (Type/Print) Nellie L. Huff				te Number, City or Town, : Hagerstown		21740	
	26a. METHOD OF DISPOSITION 1 Kg Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	other place)	ven Cemet	ery	Hager		Wash.,Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE R. Kael Brady	_			man Funera St., Hage		, Inc. , Md. 21740	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.		Osys E OP: S CONC E OP:	tole	es cardiac or respira		Approximate Interval Batween Onset and Death Lmmeck DCC	
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to dec	ith but not resultir	ng in the underlying	csuse given in Pa	PERFORM 1 YES 2 6	ED?	ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Updatent 2 E		OTHER:	ACE OF OEATH (Check				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, 1) 2 Accident Investigation	URY 26b.	TIME OF 28c. INJ	RK? ES 2 NO	6d. DESCRIBE HOW INJ			
	3 Suicide 6 Could not be 4 Homicide determined	JURY — At home, fan (Specify)	m, street, factory, offic	20	6f. LOCATION (Street end City or Town, State)	d Number or Run	af Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basic of exam						e(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TYTLE OF CERTIFIER	imp/	ellmix	DO 14	606	29d. DATE SIGN	ED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (31. DATE FILEO (Month, Day, Year) 32. REGISTRAP'S	SIGNATURE -	bell 1	11D.	HAGE	RSI	Town Md	
4	NOV 9'90 gulia	Davidson P	indelle.					



Property Language of the color of the color

BALTIMORE, MARYLAND 21203-3146	rivours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burlal-transit permit in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
1. DECEDENT'S NAME (Flist, Middle, L	list)	HAHN			2. DATE OF DEATH MONTH D	AY YEA			
4. SOCIAL SECURITY NUMBER 219-20-2903	5. SEX	6. AGE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, 191)	0. BI	RTHPLACE (State or Foreign		
9a. FACILITY NAME (If not institution, g Meridian Nursi	ng Home		9b. CITY, TOWN		LOCATION OF DEATH 9c. COUNTY OF DEATH				
Meridian Nursi RESIDENCE OF DECEDENT 10a. STATE 10b. CO Maryland Wa		10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\)							
100. STREET AND NUMBER 33 High St. 11. MARNITAL STATUS			1	21713		10g. CITIZEN OF WHAT COUNTRY? U. S. A.			
Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO AR OR DATES	If you, a	CENDENT OF HISPAI pecity Cuban, Mexico S 2 X NO Specifi	s or No— 14. R				
15. DECEDENT'S (Specify only highest (EDUCATION rade completed)	16a. DECEDENT'S	vork done during n		16b. KIND OF BU	SINESS/INDUSTR			
15. DECEDENT'S (Specify only highest (Specify only highest (Permetary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last	College (1-4 or 5+)	Homema			Own H	ome			
17. FATHER'S NAME (First, Middle, Last					AME (First, Middle, Maiden				
Charles R. Fe	llers	don Mari No	ADDRESS (Warner)		ret V. Mor. Route Number, City or Tox				
M. Carolyn Hol	ler				ro, Md. 21				
28a. METHOD OF DISPOSITION 1\(\subseteq \text{Burlet} \ 2 \subseteq \text{Cremation 3 } \subseteq 4 \subseteq \text{Donation 5 } \subseteq \text{Other (Specify)}	Removal from State	20b. PLACE OF DISPOS other place) Brownsvil	SITION (Name of c	emelary cremetory or	20c. LC	WISVILL			
21. SIGNATURE OF FUNERAL SERVICE John H. Ba	- Late	of level of	22. NAME	AND ADDRESS OF FA			oro Pike Md. 21713		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE O	F):	MACH			Oneet end Deat 2 years		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. Chronic Obstructive Palmonary Describe 1 yes 2 NO Concestive Heart Fallows									
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH									
EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigat	28s. DATE OF (Month, Da	INJURY 28b. TIM	JURY V	JURY AT /ORK? YES 2 ND	28d. DEŞCRIBE HOW	INJURY OCCURE	D		
	building, o	F INJURY — At home, farm, etc. (Specify)	street, factory, of	ice	281. LOCATION (Street City or Town, State	and Number or Ru)	ural Route Number,		
cool only	CITY OF THE PARTY	my knowledge, death occurr amination and/or investigation			- and a second of the second		ree(s) and manner as stated.		
296, SIGNATURE AND TITLE OF CER	land	MD		29¢ LICENSE NU	MBER 037		NED (Month, Day, Year)		
LKIN	LAND	610 N	JINTH	AUE	Bru	NSWL	E MD2171		
NOV 13 '90	Julia Davidon	m's signature mandale							



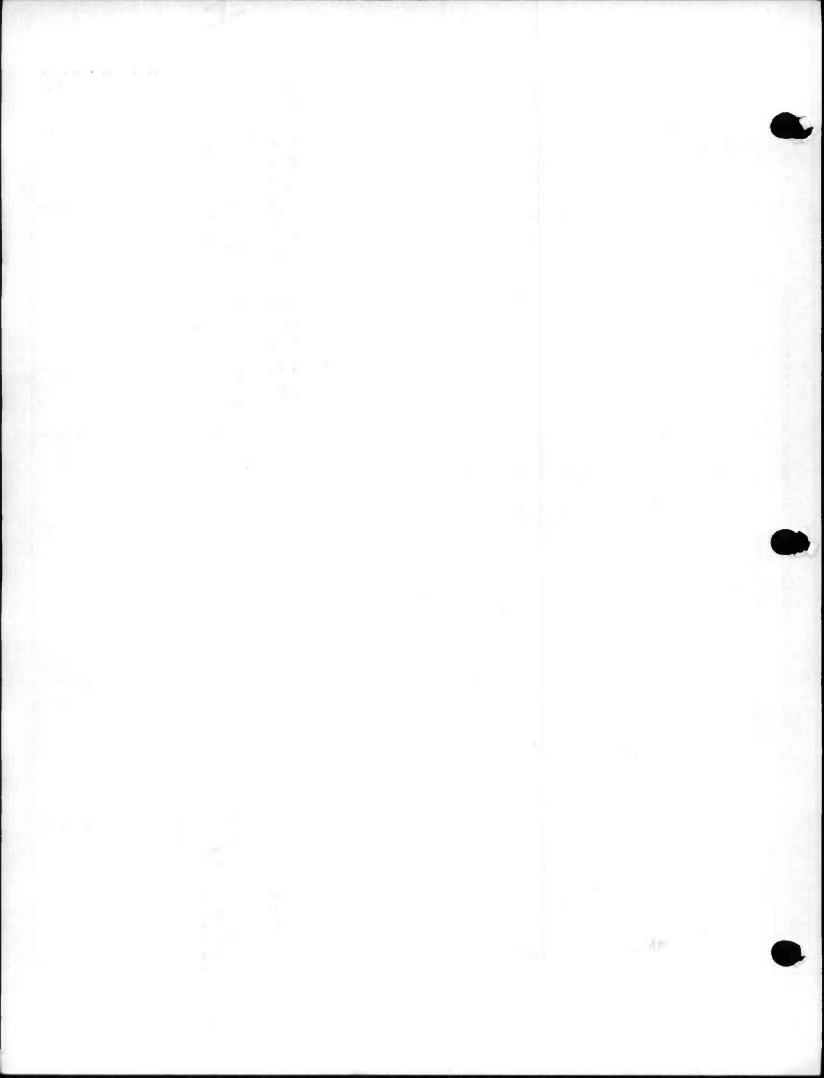
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burlar, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

William L.		, Jy.	,51.		MONTH	DAY	90 1650 h	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year March 18	7)	B. BIRTHPLACE (State or Foreign Country) Maryland	
90. FACILITY NAME (If not institution, given University of	9c. COUNT	COUNTY OF DEATH Baltimore						
			r, town on Local		10d. INSIDE CITY LIMITS? P(X) YES 2 NO			
100. STREET AND NUMBER 305 West Side	Avenue		101. ZIP CODE 21740				S.A.	
11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexican B 2 NO Specify	n, Puerto Rican, etc.	Yes or No.— 14, RACE — American Indian		
15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)		(Give kind of w life. Do NOT us	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) engineering dept.			166, KIND OF BUSINESS/INDUSTRY City of Hagerstown		
17. FATHER'S NAME (First, Middle, Last) William	n Lee Harper,	, Sr.		The state of the s	me <i>(First, Midd</i> le, Mei ra Leah	The second second		
19a. INFORMANT'S NAME (Type/Print) Rev. Donald L. I	Harper			Avenue,			7013	
20a. METHOD OF DISPOSITION 1 Street Burlel 2 Cremation 3 Re 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE.	moval from State	ob. PLACE OF DISPOS other place) Rose Hill	1 Cemete	ery	H.	PA 1/013 20c. LOCATION - City or Town, State Hagerstown, Maryland Minnich Funeral Home vd., Hagerstown, MD 2174		
disease or condition resulting in death) A cute Renal Failure DUE TO (OR AS A CONSEQUENCE OF): A cute Myeloid Leukemia DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant condition. Is chare mic	one contributing to death Heavt du		in the underlyl	ng ceuse given in	PEF	S AN AUTOPSY SFORMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch			<u> </u>	
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	28a, PLACE OF INJUI		M 1	JURY AT ORK? YES 2 NO	28d, DESCRIBE HO		URED or Flural Floute Number,	
29a. CERTIFIER (Check only 2 MEDICAL EXAM) 29b. SIGNATURE AND TITLE OF CERTIFIER ON ADDRESS OF PERSON N	(SICIAN: To the best of my known of the basis of examination of the basis of the basis of examination of the basis of examination of the basis of examination of the basis of the bas	owledge, death occurrention and/or investigation M. I OEATH (ITEM 27) (Type,	ed at the time, dai on, in my opinion, Print)	e and place, and due death occured at the 29c. LICENSE NUR	City or Town, S to the cause(s) and time, date and place	manner as state e, and due to the 29d. DATE }	od. cause(e) and manner as state SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON N	HARPVROURE CAUSE OF CURE, MD. U	OEATH (ITEM 27) (Types)	Print)			> }	1/09/90	



		8	1. DECEDENT'S NAME (First,		Harbaugh	1		-			2. DATE MONT	OF DEATH	Y &	EAR 3.	TIME OF DEATH
			4. SOCIAL SECURITY NUME			AGE (In yrs. las	birthday)	IF UNDER 1 YE	AR	IF UNDER 24 HRS.		OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
	PI	. 3	215-07-	0947	1 M 2 D F	89	YRS.	ONTHS DA	YS	HOURS MIN.	la y	9, 19		Country)	cade, MD
1	Short Short		9s. FACILITY NAME (If not in	stitution, give s	treet and number)		1	B. CITY, TO	WN OF	R LOCATION OF DE	ATH		9c. COUNTY		
	2,3	CTOR	Washington	Cour	nty Hospi	ty Hospital Hagerstown				stown			Was.	hing	ton
		딾	10s. STATE	10b. COUNTY		10c. CITY, TOWN OR LOCATION								10-	d. INSIDE CITY
	permit. Pagés 1, 2,	ā	MD	Wasł	nington	gton Sabillasville					10g, CITIZEN OF WHAT			YES 2 NO	
	rit per	FUNERAL	100. STREET AND NUMBER			a				1780	10g. CITIZEN OF W				T COUNTRY?
	L-trans	NS I	17223 Sabi	Tlasy	12. WAS DECEDENT EV	ER IN U.S. AR			DECE	NDENT OF HISPAN				RACE -	American Indian,
146	attending physician. se as the burial-transit	BY F	1 Never Married 2 3 X Widowed 4 Divo		FORCES? 1 IF YES, GIVE WAR		10			cify Cuben, Mexica 2XXVO Specify		Rican, etc.)			white
21203-3146	use as the	ED B		EDENT'S EOU	CATION	16a. DE	CEDENT'S U	SHAL OCCU	PATIO	N	160	KINO OF BUS	NESS/INDUS		VIII CE
12	5 5		(Specify onli Elementary/Secondary (6	y highest grade	College (1-4 or 5+)	(G	ve kind of wo Do NOT use	rk done durin	g mos	t of working					
	detached for once.	COMPL	unknowr		THE PARTY OF THE P	Cı	ane	oper	at	or		ordina	ance	depo	ot
AN	be detached at once.	S	17. FATHER'S NAME (First, M							18. MOTHER'S NA	- ,		,		
MARYLAND	ould be	BE	Harvey O.		augh	19	MAILING A	ODRESS (S)	met ac	Effie				rde)	
MA	5 should notified	2	Mr. Michae		omev										1D 21780
Ĕ,	ter death. Page 6 may be the funeral director, page wal. at examiner must be		20s. METHOD OF DISPOSIT	ION			OF DISPOSIT			etery, crematory or		20c. LO	CATION CIT	or Town,	State
90	Page 6 may il director, pa ner must b	ļ	4 ☐ Donation 5 ☐ Other	(Specify)		Gree	en Hi			netery		Wayı	nesbo	ro,	PA
BALTIMORE,	e funeral dir examiner examiner	1	21. SIGNATURE OF FUNERA) D	ÆNSEE			22. NAN	IE ANI	D ADDRESS OF FA GR	OVE	FUNE	RAL H	OME,	INC.
BA	n by the furemoval.	\dashv	23. PART I. Enter the d	11. 0	oulorsop	in and the state		50	S.	Broad	St	, Wayı	nesbo	ro,	PA 17268
	B of E		shock, or h IMMEDIATE CAUSE (Fit disease or condition	aart fallure.	Liat only one cause	on each line		010	-		ir as can	nac or reap	latory arres	.,	interval Batween Onset and Death
13146,	ecuted within and completely fille burial, cremation, atic event, the		resulting in death)		DUE TO (OR	AS A CONSE	VI AX	5							
	3 ° 2 E	ERTIFICATION	Sequentially list condit		b. DUE 10 (Q)	ANIA CONSE	DUENCE OF)								
ВОХ	physiciar ne prior ne trau	S	cause. Enter UNDERLY CAUSE (Disease or Inju		c. 000	AS'A CONSE	ALLAT								
0	he death certification of the attending phy Mental Hygiene Nury, or other	E	that initiated events resulting in death) LAS	т	. OUE 10 (OR	AS'A CONSE	DUENCE OF)								ļ
		O			d									T	<u> </u>
ECORDS	that the of sd by the h and Mei any injur	EDICAL	PART II. Other algnifica	ent condition	e contributing to dec	eth but not	esulting in	the under	riying	j cause given in	Part I.	24a. WAS AN PERFOR	RMED?	All	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE
00	requires the seen signed of Health a shows any	G									_	1 TYES 2	l NO		F DEATH?
60	S 0 66 76	N. M.													
VITAL	PHYSICIAN: The law this certificate has b with the State Dept. rked, or Item 23	SICIAN	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (Ch	eck only o	ne)			
>	certification the St	HYSI	1 TYES 2 THO		1 Inpatient 2 EF		DOA 28b. TIME	4 - Nursing		e 5 Residence		SCRIBE HOW	NJURY OCCU	RED	
	this with	0	1 Natural 5	Pending Investigation	(Month, Day, 1		INJU	RY	WO	RK? (ES 2 NO	200.00	VO.1132 11011			
DIVISION	TTENDI TTOR: A after di 28 is	ETED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At he (Specify)	ome, farm, at	reet, factory,	office	•		ATION (Street or Town, State)		Rural Rou	te Number,
5		PLE	Crieck Orlly	TIFYING PHYS	ICIAN: To the best of my	knowledge, d	eth occurre	d at the time	dats	and place, and due	to the ce	use(s) and ma	nner ss stated		
	to the hospital. To the funeral (Be filed within 72 h IMPORTANT: If I	COMPL	one) 2 MEC	HEAL EXAMINE	ER: On the basis of sxam	ination and/or	Investigation	, in my opin	lon, de	eath occured at the	time, det	s and place, er	nd due to the	cause(s) s	nd manner as stated.
	THE HOSPI THE FUNER filed within PORTANT:	BE (296. SIGNATURE AND TITLE	E OF SERTIFIE	we mi	0				29c. LICENSE NU	MBER		29d. DATE S	IGNED (M	lonth, Day, Year)
	5 5 4 W	2	30. NAME AND ADDRESS O	PERSON W	O COMPLETEO CAUSE	OF OEATH (ITE	M 27) (Tvpe	Print)		D3665	5	_	No	V	12, 1990
				Chan,	MD, 1185					Hagers	t.ow:	ı. MD	2174	0	
			31. DATE FILED (Month, Day)	Year)	32. REGISTRAR'S	SIGNATURE			/		J J W				
			NOV 13	'90	- guha L	Twidson-	Randal	0							

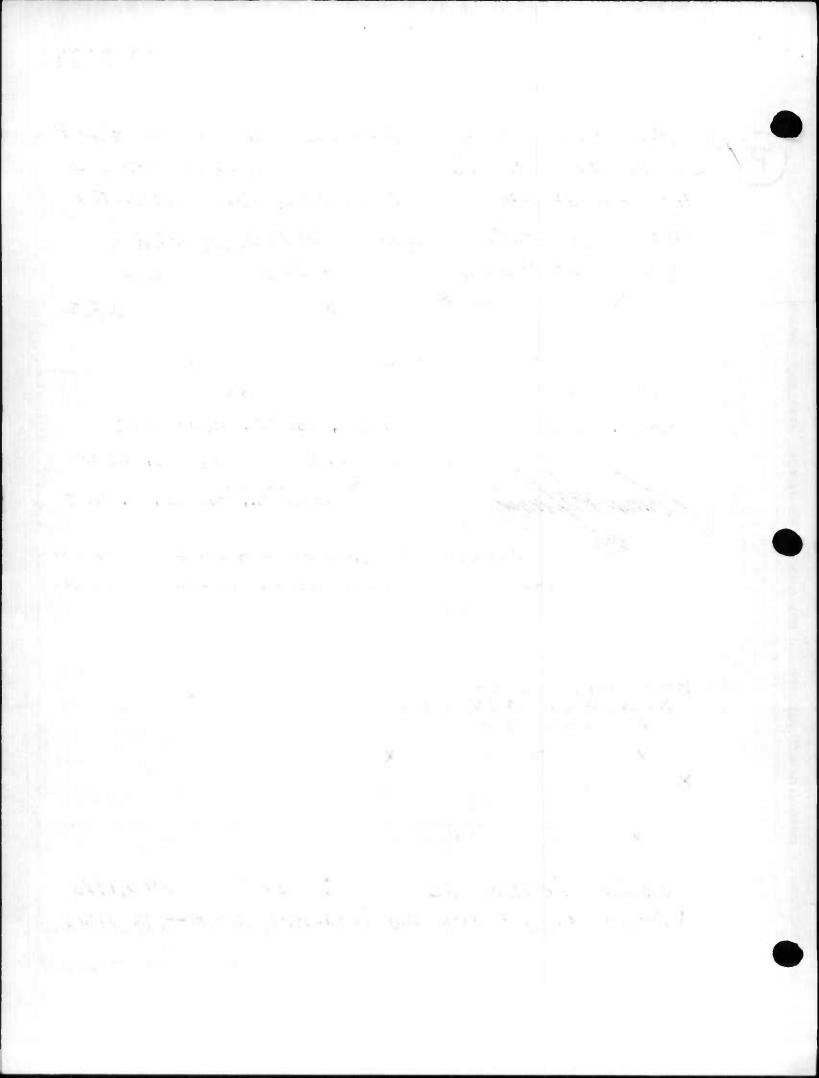
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							3. TIME OF DEATH						
	CHARL				acher	MONTH	4	9	YEAR	1030 A M			
	4. SOCIAL SECURITY NUMBERS		5. SEX	6. AGE (In yrs. last	birthday) YRS.	MONTHS DA		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	Year)	3	8. BIRTHPLACE (State or Foreign Country) South Dakota	
	9e. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
퓽	Peninsula General Hospital					Salisbury Wicomic							
15	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					CITY, TOWN OR LOCATION					tod. INSIDE CITY		
FUNERAL DIRECTOR	Maryland Worcester					Pocomoke City							LIMITS? 1 X YES 2 NO
3AL	10e. STREET AND NUMBER						10f. Z	ZIP CODE	10g. CITIZEN OF WH			HAT COUNTRY?	
	203 2nd	Stree						21851	Usa				
5	11, MARITAL STATUS 1 Never Merried 2	Merried	FORCES?	T EVER IN U.S. ARI				n, Puerto Ricen, etc.) Blaci			Black,	— American Indian, White, etc.	
BY	3 X Widowed 4 Dive		IF YES, GIVE	MAR OR DATES		10	YES 2	NO Specify	:			Specif	ite
		EDENT'S EDU		16a. DE(CEDENT'S	USUAL OCCUI vork done durin e retired.)	PATION g most	of working	18b. KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (1	0-12)	College (1-4 or 5	+) #fe.		e melined.) nemake:				Own	n Hon	ne	
8	17. FATHER'S NAME (First, N	fiddle, Last)						18. MOTHER'S NAI	ME (First, Middle	, Maiden	Surname)		
BE C	Ray Make	-					\perp		Smma Mi				
TO E	Glen R. Ha		acher	20	05 2r	d St.	P	Number or Rural F					.851
	20e. METHOD OF OISPOSIT 1	on 3 🗆 Rem	oval from State	other pla	ice)	cy Cre	nat			Sal		City or Ton	_{vn, Stete} laryland
	21. SIGNATURE OF FUNER	22. NAME AND ADDRESS OF FACILITY Dennis Funeral Home											
	1 Ban	100 9	Z/	-			110 Franklin St., Snow Hill, Md. 21863					. 21863	
	shock, or heart fellure. List only one ceuse on each line.										Approximata Interval Between Onset and Death		
Z	Sequentially liet conditions, b. Probable CVA Due to (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If eny, landing to imme causa. Entar UNDERLY	diate	Cha A	(OR AS A CONSEC	LA CA	her of	م ار	LUNG	Disc	2011			
IFIC	CAUSE (Diseese or injute that initiated events	ury	DUE TO	OR AS A CONSEC	bs fuctione LUNG DISCASA					11/6			
ERI	reaulting in death) LAS	T L	d										
	PART ii. Other aignific	ant condition	na contributing to	daath but not r	eaulting	in the under	lying	cauae givan in	Part i. 24s		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
S										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL											- 00		1 YES 2 NO
_													
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	6. PLA	CE OF DEATH (Ch	eck only one)				
IYSI	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	_	4 - Nursing	Home	5 Residence			N II IOV OO	CHIBED	
ву рн		Pending Investigation	(Month,	Day, Year)		M 1	WOR YE		28d. DESCRI	DE MOW I	NJUHY OC	COMED	
	0 0 0 0 1 1 1 1 1	Could not be determined	28e. PLACE building	OF INJURY — At ho , etc. (Specify)	me, ferm, i	street, factory,	offica		28f. LOCATIO City or To	N (Street o wn, State)	and Numbe	r or Rural F	loute Number,
COMPLETED	CONSCR ONLY		ER: On the best of) end menner ee stated.
8	29b. SIGNATURE AND TITL	HULL HULL	R Y				- 1	29c. LICENSE NUN			29d. DAT	SIGNED	(Month, Day, Year)
۵,	30. NAME AND ADDRESS OF	F PERSON W	O COMPLETED CAL	Suite 20	M 27) (Type	, Print)	g _{Li}	10248 SBUR	m	d	21	801	
11	31. DATE FILED (Month, Day,	Year)	32. HEGISTR	DRINGSON-A	Indall	4	- 6	/	, , ,				
4	I NOVO ?	'9U	Juna	CIEC LINGEL - A.									

(1)

TO BE COMPLETED BY EMISSION BEING	MEDICAL CERTIFICATION
ical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
neral director, page 5 should be detached for use as the burial-transit permit Pages 1, 2, 3	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit mages 1, 2, 3
ith. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ars after death. Page 6 may be retained by the hospital or attending physician.

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Moris		Heno	rel.	MONTH	04	6 90	D 4	TIME OF DEATH
		1 M 2 XF 7	75 YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. NOURS MIN. R LOCATION OF D	(Month	OF BIRTH	9c, COUNTY	Sele	MCE (State or Foreign
CLOR	Harrison &	buse	Q	nou	-Hill	m	d			ster
DIRECTOR	10a. STATE 10b. COUNTY	orcester	10c. CITY, TO	3 C	sest &	Kuve	:08n	swall	1	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL		Drive			2186	-		10g. CITIZEN OF WHAT COUNTRY?		
. 11	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spi	ecity Cuban, Maxico 2 NO Specifi	in, Puarto F		pecify Yea or No— 14. RACE — American Indian, Black, Whita, atc., Specify:		
	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ref	done during mo ired.)	N st of working	16b.		SINESS/INDUS		
	17. FATHER'S NAME (First, Middle, Last) Charles Wiessel	4	Homema	aker	18. MOTHER'S NA				9	
TO BE	19a. INFORMANT'S NAME (Type/Print) Harold E. Hensel				nd Number or Rural Snow	Route Numb	ber, City or Tow	n, State, Zip Co		3
	20s. METHOD OF DISPOSITION 1 Durial 2 C Cremation 3 Remove 4 Donation 6 Other (Specify)	al from State	other place)	on (Name of cometery, crematory or y Crematory Salisbury, Maryla						
	21. SIGNATURE OF FUNCIAL REPVICE UCE DEE									21863
	23 PART I. Enter the diseases, conshock, or heart toffure. Life IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one ceuse on e	ech lina.							Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST S. CONGESTIVE CAPPOIDE FAILURE UNDERLYING CAPPOIDE FAILURE ON AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	HYPERTITYROID DISEASE RHEVMATOD ARTARITIS PERFORMED? 1 YES 2 NO							CO OF	RE AUTOPSY FINDINGS AULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
CIAN		M FAI	O	HER:	ACE OF DEATH (C					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	e 6 Residence URY AT RK? /ES 2 NO			NJURY OCCUR	ED	
- 1	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	4400						and Number or	Rural Route	Number,
COMPLETED	one) —	AN: To the best of my know							ause(a) ar	d manner as stated.
9	296. SIGNATURE AND TITLE OF CERTIFIER								ATE SIGNED (Month, Day, Year) NOV 6,1996	
	ROBERT L. 31. DATE FILED (Month, Day, Year)		ibr ma	. 104	H. BA	1,5	NOW	HI KIL,	mo	21863
3	NOV 0 8 '90	Gina Dairia	John-Nandara							



1 - FOR STATE REGISTRAR

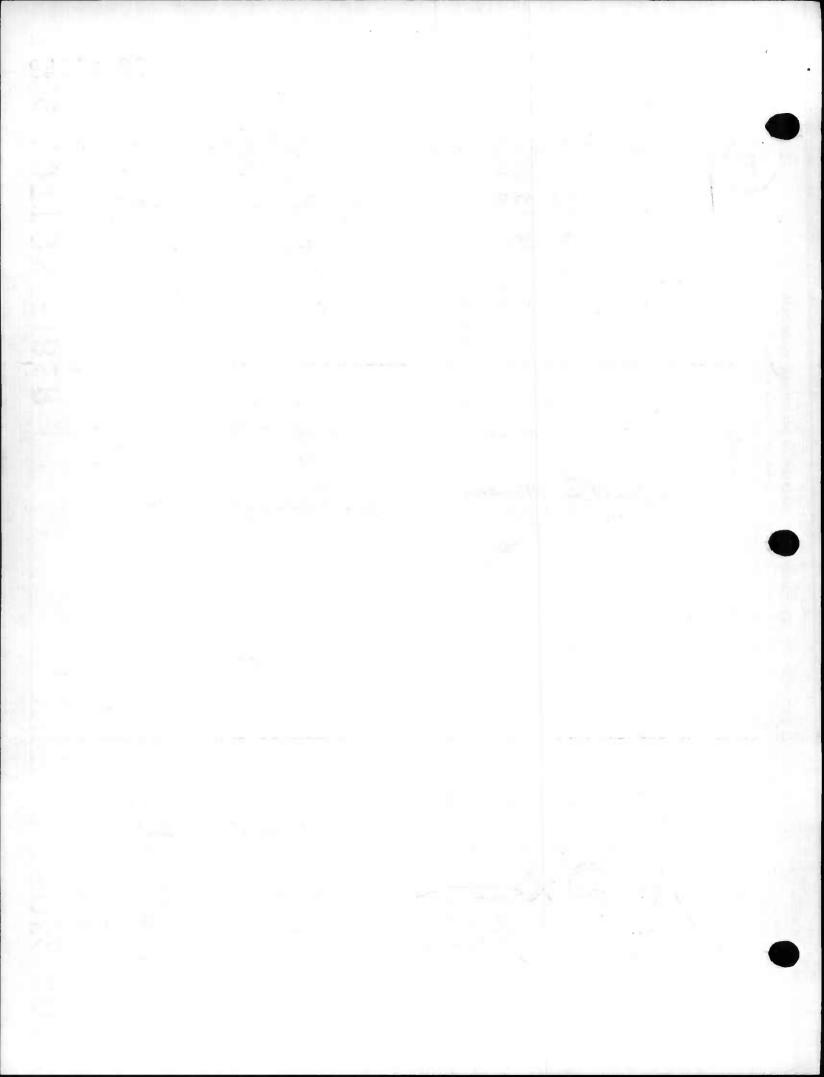
1. DECEDENT'S NAME (First, Middle, Last)

DHMH-16 Rev 1/80

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (Fit	st, Middle, Last	•								ATE OF OEATH	IV.	YEAR	3. TIM	E OF DE	ATH
	James		Wil	lard	l		Har	din				3	90	9:	14	P
	4. SOCIAL SECURITY NUI		5. SEX 1 2 M 2 D F	5. AGE (In	n yrs. lest bin	thday) IF UNI WONTH	B DAY		F UNDER 24 HRS OURS MIN.	(M	TE OF BIRTH lonth, Day, Year)	5	Countr	a.l	(State or Vir	Foreign gin
	98. FACILITY NAME (II not Peninsula			-21		9b. C	Sal		OCATION OF		27.233	9c. COU	NTY OF D			-
2	RESIDENCE OF DE	CEDENT	ar nospit	aı			Sai	TSD	ury			MI	comi	.CO		
ξ.	10a. STATE	10b. COUN				Oc. CITY, TOW		CATION	1						NSIDE CIT	ΓY
	Maryland		cester		P	ocomo	oke								YES 2X	
	10s. STREET AND NUMBE		. a						PCODE			10g. CIT	IZEN OF V		DUNTRYT	
	2638 Payn	e Roa	12. WAS DECEOE	NT EVED IN	III & ADME	2 1.	a unc		851	ALMO OD	IGIN? (Specify Yes	as Na		SA	erican In	41
	1 Never Married 2 [3 Wildowed 4 Di		FORCES?	1 YES	2 1 NO		If yes	, specif		Ican, Pue	rto Rican, etc.)	G NO-	Speci	t, White	ite	
	15. O	ECEDENT'S ED	DUCATION	T		ENT'S USUAL			d workloo		16b. KIND OF BU	BINESS/INC	DUSTRY			
	Elementary/Secondary	T	College (1-4 or 5	+)	ille. Do	kind of work do NOT use retire	d.)) most c	r working							
	12		5		Mech	anica	al	_			VASA					
	17. FATHER'S NAME (First,							-			st, Middle, Maiden	Sumeme)				
	Daily Har								Ethel							
	19a. INFORMANT'S NAME										lumber, City or Tow				0.7	0.53
	Donna W.		ın								ay, Poo					82T
	20a METHOD OF DISPOS 1 Buriel 2 Crema 4 Donation 5 Oth	tion 3 🗆 Re	emoval from Stata	_ Pi	other place)	Cree]	(Name o	res	byte:	*Cer		CATION —				
	21. SIGNATURE OF FUNE		-						AODRESS OF							
	Desca	US.	Mels	200		1.					al Home					
CERTIFICATION	resulting in death) Sequentielly list cond If any, leading to imm	nediete	DUE TO	O (OR AS A	CONSEQUE	INCE OF):										
	cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Li	njury	c. DUE TO	cDUE TO (OR AS A CONSEDUENCE OF):												
	PART II. Other algorifi	cant conditi	one contributing to	o death bu	ut not resu	ulting in the	under	lying o	euse given	in Part	1 XYES	RMED?	246	COMP OF DE	AUTOPSY ABLE PRIC LETION OF ATH? YES 2	F CAUSE
	or was cass personer	W 11501041												_		
SICIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	67			IER:		E OF DEATH		, , ,					
	27. MANNER OF OEATH 1 Natural 5	Pending Investigation				8b. TIME OF INJURY	280	. INJUR WORK	Y AT	-	Other (Specify) DESCRIBE HOW	INJURY OC	CURED			
ובה פו	2 Accident 3 Suicide 8 (4 Homicide	Could not b	28e. PLACE building	OF INJURY J, etc. (Speci		, form, street,	factory,	office			LOCATION (Street City or Town, State		or or Rural	Route N	umber,	
COMPLE	one) 2 🔀 M	EDICAL EXAMI	YSICIAN: To the best of					on, deal	th occured at	the time,				e) and r	nanner ad	stated.
BE	296. SIGNATURE AND TIT	LE DE CONTRA						2	9c. LICENSE			29d. DA	TE SIGNE			ar)
2	30. NAME AND ADDRESS	OF PRINTING	WHO CONTRACTED ON	HEE OF DE	ATH STEM A	7) (Since Brief)			00	ME			11	/4/	90	
	Ann M. D	ixon,	M.D De	puty	Chief	£		111	Penr	St.		Bal	timo	re,	MD	SS
20	31. DATE FILED (Month, D		32. HERBEST	David	bon-Pa	ndella										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



musit permit. Pages 1, 2, 3 should

	1 - STAT
	1. DECEDE
	4. SOCIAL
	138-
	9a. FACILIT
	FOX
	10e. STATE
	MARYI 10e. STREE
	242
	11. MARITAI
	3 Widov
	Element
	17. FATHER
	FRAN
I	19a. INFOR

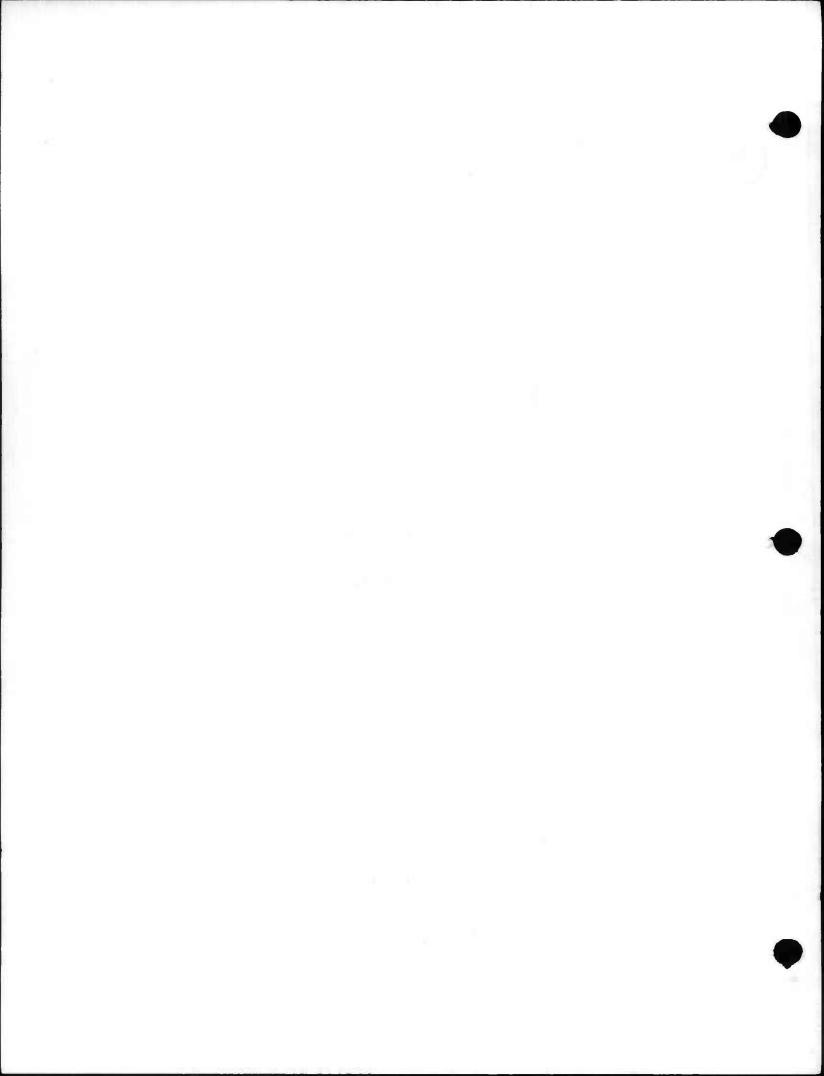
STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	HEGISTHAH		CERTIF	ICALE	IF DEA	H	REG. NO),		
	1. DECEDENT'S NAME (First, Middle, Last)	701100					2, DATE OF OEATH	Ay .	YEAR 3. 1	TIME OF DEATH
	MYRTLE T.	ISAACS					11/5/	96		2:05 P H
		8. AGE (In y	rs. last birthday) YRS.	IF UNDER 1 YE		MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 8,19		Country)	CE (State or Foreign ERSEY
	9a. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TO	WN OR LOCAT	ION OF D			Y OF OEATH	1
DIRECTOR	FOX CHASE NURSING HO	ME		Silv	er Sp	ring			MONTG	OMERY
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWH OR L	CATION				100	I. INSIDE CITY
	MARYLAND MONTGON	MERY	S	ILVER						LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 2423 ECCLESTON STRI	EET			101. ZIP CO	209	902	10g. CITIZE	USA	COUNTRY?
5	11. MARITAL STATUS 12. WA	S OECEDENT EVER IN U.	S. ARMED			OF HISPAI	NIC ORIGIN? (Specify Ye	e or No— 1		American Indian, hile, etc.
BY F		RCES? 1 TYES 2 YES, GIVE WAR OR DATE:			yes 2 X NO		m, Puerto Rican, etc.) y:	-	Specify: WHIT	
	15. OECEDENT'S EDUCATION	16	a. DECEDENT'S	USUAL OCCU	PATION	1	16b. KIND OF BU	SINESS/INDU		2
E	(Specify only highest grade complete Elementary/Secondary (0-12) Colleg	e (1-4 or 5+)	life. Do NOT us	work done durin se retired.)	g most of work	ing				
<u>d</u>			НО	USEWIF	E					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MO	THER'S NA	ME (First, Middle, Maide	Sumame)		
BEC	FRANCIS OBERMAN					MINN	IE A. LEE			
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet end Numb	er or Rural	Route Number, City or To	vn, State, Zip C	code) 2	0902
F	WILLIAM T. ISAACS, S	SR.	2423	ECCLES	TON ST	CREET	SILVER	SPRING	MAR	YLAND
	20e METHOD OF DISPOSITION 1	m State 205. Pt	ACE OF DISPO					CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/2 (11	22, NAN	E AND ADOR	ESS OF FA	CILITY			
	1	Lonel								
	23. PART I. Enter the diseases, or complice	ations that caused th	ne death. Do	not enter the	mode of d	ying, suc	th as cardiac or real	olretory arres	nt,	Approximate
	shock, or heert fellure. List on IMMEDIATE CAUSE (Final									Interval Between Onset and Death
	disease or condition	a. + 0	i 7	-	0		+-			11/5/40
	reaulting in death) e	DUE TO (OR AS A CO	INSEQUENCE O	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1					10110
_	C b.	DUE TO (OR AS A CO	t	Tube	lee	war).			3/89
0	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CO	INSECUTENCE O	F):		1				1000
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	Khenn	stril	ar	the	力				1980
	that initiated events	DUE TO (OR AS A CO	INSEQUENCE O	F):						100.
CERTIFICATION	resulting in death) LAST	ASLV								1990
	PART II. Other aignificant conditions contr	ibuting to death but	not resulting	in the under	lying cause	alven in	Part i. 24s. WAS A	N AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
EDICAL						•	PERFO	RMED?	AWA	MILABLE PRIOR TO MPLETION OF CAUSE
							1 TES	2 Alo	OF	DEATH?
Σ									1	YES 2 TAO
A	25. WAS CASE REFERRED TO MEDICAL				6 DI 100 OF	DCATH (C)				
PHYSICIAN: M	EXAMINER? HOS	PITAL:		OTHER:	6. PLACE OF					
Š		patient 2 - ER/Outpations. DATE OF INJURY	ent 3 🗆 DOA		Home 5 I	Residence	6 Other (Specify) 28d. DESCRIBE HOW	IN HERV OCCI	IDEO	
	1 Netural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK?	No	28d. DESCHIBE HOW	MJORY OCCU	MED	
B	2 Accident Investigation	N //d				DNO	201 1 2 2 1 2 2 1 2 2			**
TED	3 Suicide 8 Could not be 4 Homicide determined	8e. PLACE OF INJURY — building, etc. (Specify)	Al nome, term,	street, factory,	описе		28f. LOCATION (Stree City or Town, Staff		r Hurai Houre	Number,
W	290. CERTIFIER 1 CERTIFYING PHYSICIAN: TO	the heat of my knowled	ne death norum	red at the time	date and play	o and du	to the course(s) and m	oner es elete	4	
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the									d menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				290 11	CENSE NU	ubco	Land DATE	SIGNED ///	onth, Day, Year)
BE	10001	TE MO			177	17	7)9	DATE	11 C	190
2	30. NAME AND ADDRESS OF PERSON WHO COMP		(ITEM 27) (Type	e, Print)	12	1 '	1 %		10	טרן
	6B Patrick	TIMO	9771	Loksv	le 1	RI	SJ, M	d L	091	0
	31. DATE FILED (Month, Day, Year) 3:	REGISTRAR'S SIGNATI	RE .			-				
-	OV 7'90 4	wie Davidson	Manarac							

BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: if Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed v	and comp o burial, c	matic ev
BOX	ificate be	physician one prior t	her trau
P. O.	ath cert	ttending al Hygik	, or ot
DS,	the de	y the a	Injury
SOR	res tha	signed t	vs any
RE	nbar we	been spt. of h	3 shor
A	V: The I	State De	Item 2
F <	SICIAL	certif	d, 0r
0	NG PH	fter this	marke
SIO	TENDI	Ther d	Si 83
2	DR AT	DIRECT hours a	item 2
_	PITAL	IERAL in 72	T. H
	TO THE HOS	TO THE FUN be filed with	IMPORTAN

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.	90	31851				
	1. DECEDENT'S NAME (First, Middle, Last) Helen L. Jac	Helen	Lucil	le Jac	kson	2. DATE OF DEATH MONTH						
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (I	n yrs. lest birthday) 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 / 15 / 19	8. B	IRTHPLACE (State or Foreign suntry) Ohio				
HO	98. FACILITY NAME (II not institution, give stree William Hill Health				PESTER		9c. COUNTY C					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Doro	hester	- 4	y, town on Locat				10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO				
FUNERAL C	100. STREET AND NUMBER 433 Willis Stre		Cal		21613		10g. CITIZEN	OF WHAT COUNTRY?				
BY FUN		P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, sp	ENDENT OF HISPAI	NIC ORIOIN? (Specify Yearn, Puarto Rican, etc.)	or No- 14. F	RACE — American Indien, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 1 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKET 16b. KIND OF BUSINESS/INDUSTRY											
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
TO BE	William Boswe 19a. INFORMANT'S NAME (Type/Print) Benjamin L. Jac		Laura Grow SS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1lis St. Cambridge, MD. 21613									
	20a. METHOD OF DISPOSITION X & Burlel 2 Cremetion 3 Remove	20b.	PLACE OF DISPO	SITION (Name of cer	netery, crematory or	20c. LO	CATION — City of	or Town, State				
	21. SIONATURE OF ALL SERVICE LICEN	1 * *	u. vet	22. NAME AI	emetery ND ADDRESS OF FA	CILITY Thoma		eral Home Md. 21613				
	23. PART I. Enter the diseases, or consider the sease of condition resulting in death)	polications that caused to only one cause on ea	the deeth. Do	leuA	da of dying, auc	h aa cardlec or reap	ratory arreat,	Approximata Interval Between Onset and Death				
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
_	PART II. Other eignificant conditions	ontributing to death b	ut not reaulting	in the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
PHYSICIAN: MEDICA	Devertia Type II Din	belea me	Ilely			1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ICIA		IOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)						
BY PHYS	1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outp	28b. TIA	AE OF 28c. IN.	JURY AT DRK?	8 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURE	D				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	atreet, factory, offic	•	28f. LOCATION (Street City or Town, State)		ural Route Number,				
COMPLETED	const. Oray	N: To the beat of my know						use(a) and manner as stated.				
TO BE	29b. SIONATURE AND TITLE OF CERTIFIER	Eller i	w		D 26	388	1//2	NED (Month, Day, Year)				
-	MICHITE	FAclcleu	/ MW	e, Print) 30	2 CO 1/1	a / thes	lock n	ND 21643				
	31. DATE FILED (Month Cor. Year) 7 '90	32. REGISTRAR'S SIGN	widson-Pa	ndell								

		1 - STATE REGISTRAR	STATE OF MARYLANI	O / DEPAR CERTIF				REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)					:	2. DATE OF DEATH MONTH		3. TIME OF DEATH
		IVOTY Johnson 4. SOCIAL SECURITY NUMBER 6.	SEX 6. AGE (In yrs	. last birthday)	IF UNDER 1 Y	r.a. 15 (min	DER 24 HRS.	1.0	26 199	BIRTHPLACE (State or Foreign
(P			□ M 2 ØF C9	YRS.		AYS HOURS		(Month, Day, Year)		Country)
3		9e. FACILITY NAME (If not institution, give street	3	-	9b. CITY, TO	WN OR LOCA	TION OF DEAT		9c. COUNTY	OF DEATH
3. S.	۳ ا	Derchester G	en /4050:	tal	Ca	mhin	· d. 90		1)	expecte-
describeration.	5	PRESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	7	1 40 - 077	V 70401 00 1	COLTION				Land thistop out?
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permid, Pages		10e. STREET AND NUMBER	nes les		Can	101. ZIP CC	DDE)		10g. CITIZEI	OF WHAT COUNTRY?
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physician. buńal-transit	FUNERAL		. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2					ORIGIN? (Specify Y Puerto Ricen, etc.)	ee or No- 14	RACE — American Indian, Black, White, etc.
	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			YES 2 N		edenio riceni, etc.)		Specify: 7) /
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hospital ached fo	립									
the host detach	COMPLI	17. FATHER'S NAME (First, Middle, Last)				18. MC	OTHER'S NAME	E (First, Middle, Maide	n Sumeme)	· · · · · · · · · · · · · · · · · · ·
ad by	BE	UNKNOW	M				UN	KNOW	~	
s retained by the hospit: 5 should be detached notified at once.	2	19e. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS (S	treet end Numi	ber or Rural Ro	ute Number, City or To	wn, Stele, Zip Co	(de)
y be		200_METHOD OF DISPOSITION	20b. PL	ACE OF DISPO	SITION (Name	of cemetery, c	mmatory or	200.1	OCATION - CIT	or Town, State
ector, p		1 Buriel 2 Cremetion 3 Remova		er place)	laus	6/	one	- /	Cant	ridee
		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE //		22. NA	ME AND ADD	RESS OF FACI	ШΤΥ	\wedge	
		> Jamelle	C. Hen to	suck.	3 4	-	V France	- 1 Ha		by La Md.
certificate be executed within 25-7 Jurs after aling physician and completely filled in by the hygiene prior to burial, cremation, or removal other traumatic event, the medical is	ERTIFICATION	23. PART I, Enter the diseases, or con shock, or heart failure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events	t only one cause on each	NSEQUENCE O	noma S P: reation	Squamo Squ	us Cel	1 (5 c=//	piratory erres	t, Approximate Interval Between Onset and Death
ding lygie	E	resulting in deeth) LAST			,					
D 8 2	O	PART II. Other aignificant conditions of	contributing to death but r	ot moulting	in the unde	dulna caus	a chen in D	art I 24a WAC	N AUTOPSY /	24b, WERE AUTOPSY FINDINGS
v requires that the been signed by it, of Health and shows any it	N: MEDICAL			iot resulting			given in i		ORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N: The lav ficate has State Dep Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	28. PLACE OF	F DEATH (Chec	k only one)		
SICIAN: The certificate the State the State , or item	YSI	1 VES 2 NO 1	☐ Inpetient 2 ☐ ER/Outpetie		4 - Nursin			Other (Specify)		
ATTENDING PHYSICIAN: ECTOR: After this certifica s after death with the St 1 28 is marked, or it	ву РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Till	JURY	WORK?		28d. DEŞÇRIBE HOV	Y INJURY OCCU	RED
OR ATTENDIN DIRECTOR: At hours after de Item 28 is r	TEO	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, lectory	, office		281. LOCATION (Stree City or Town, Ste	et end Number or te)	Rural Route Number,
AL OR LL DIR. 2 hour	COMPLE	cone)	N: To the best of my knowledg							ceuse(e) end manner ee stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE	296. BIGNATURE AND STUDE OF CENTIFIER	lew Bayid	0liver	, M.D.	29c. L	ICENSE NUME	3ER 749	29d. DATE 8	OF 26-90
	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(TEM 27) (Typ	e Print)	54.	eet	Cambri	du- n	m 21113
7		31. DATE FILED NOW, Day, 199/ 190	32. REGISTRAR'S TOWATE	PEN-Almo	Lele.	018		0	1	J = 101 =



BE COMPLETED

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be notified at once

Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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IMPORTANT: If

Hansit permit. Pages 1, 2, 3 should

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FOR 1 STATE		STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF H	HEALTH /	AND I	MENTAL HYGIEN	E		01000
REGISTRAR				ERTIF	ICATE	OF	DEAT	H	REG. NO			
1. DECEDENT'S NAME (First		M	Ti						2. DATE OF DEATH	AY _	YEAR	3. TIME OF DEATH
DOROT		NARKE	AC	KSOM	J				10-31	-90)	3:10 pm M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	HPLACE (State or Foreign
723-09=0834		1 □ M 2 💢 F	67	YRS.	womma	Unite	HOOKS	wire.	1-18-23		Dick	erson MD
9a. FACILITY NAME (If not in	nstitution, give st	reet and number)			9b. CITY,	TOWN	OR LOCATION	OF DE	ATH	9c. COL	JNTY OF C	DEATH
18319 Jone	sville	RD			Pod	oles	sville	9		Mont	gome	erv
RESIDENCE OF DEC	10b. COUNTY			I as ass								
					ry, town or							10d. INSIDE CITY LIMITS?
TIP THOTEGORIETY TOOLLOVILLE							1 XYES 2 NO					
100. STREET AND NUMBER		Pond				- 100	f. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
18319 Jonesville Road						20873 U.S					S.A.	
11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 NO						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Ind Black, White, etc.					E — American Indian, k, White, etc.	
3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES		1	YES	2 X NO	Specify	<i>f</i> :		Spec	
45 DEC	EDENT'S EDUC	ATION	405	DECEDENT'S	1	OUBATU	011		100 1000 05 00			BLACK
(Specify onl	y highest grade	completed)			work done during most of working							
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17, FATHER'S NAME (First, M	Sidello Loots			HUMEN	MAKER PRIVATE 18. MOTHER'S NAME (First, Middle, Maiden Surrame)							
Children Committee										Sumame)		
ALLEN HEN		MAS						_	OLEMAN	-		
THE SHALL STREET									Route Number, City or Tow			
Charles Ray									D. Pooles			
20a. METHOD OF DISPOSIT	on 3 🗆 Ramo	oval from State	29b. PLAC	place)	SITION (Nan	ne of ce	metery, creme Cemet	itory or				own, State MD
Donation 5 🗆 Other			_ J.eru	satem			ND ADDRES		1,00	esvi		
21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE			22. 6	MAME A	NO ADDRES!	S OF FA	Moder	Fur	neral	Home
Farm	8	meax			1 3	3821	14th	ST	.N.W.D.C.			
23. PART i. Enter tha d ahock, or h	lisaasea, or c	omplications the	at caused tha	daath. Do na.	not enter	the mo	ode of dyln	g, suc	h aa cardiac or reap	iratory a	rreat,	Approximate interval Between
IMMEDIATE CAUSE (Fig	nel	n		^.								Onset and Death
disease or condition	→ ,	META	STATIC	LAI	1195	JOA	nA 07	F 77	F Cocor	1		1 Mos
		DUE TO	(OR AS A CONS	EOUENCE C	OF):							
Sequentially list condit	tions,	DUE TO	OR AS A CONS	EOUENCE C	OF):							

if any, leading to immediate cause. Enter UNDERLYING **CAUSE (Disease or injury** that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 244. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation M 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

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DWN NOV 05 '90 31. DATE FILED 32. REGISTRAR'S SIGNATURE who Davidson Randese

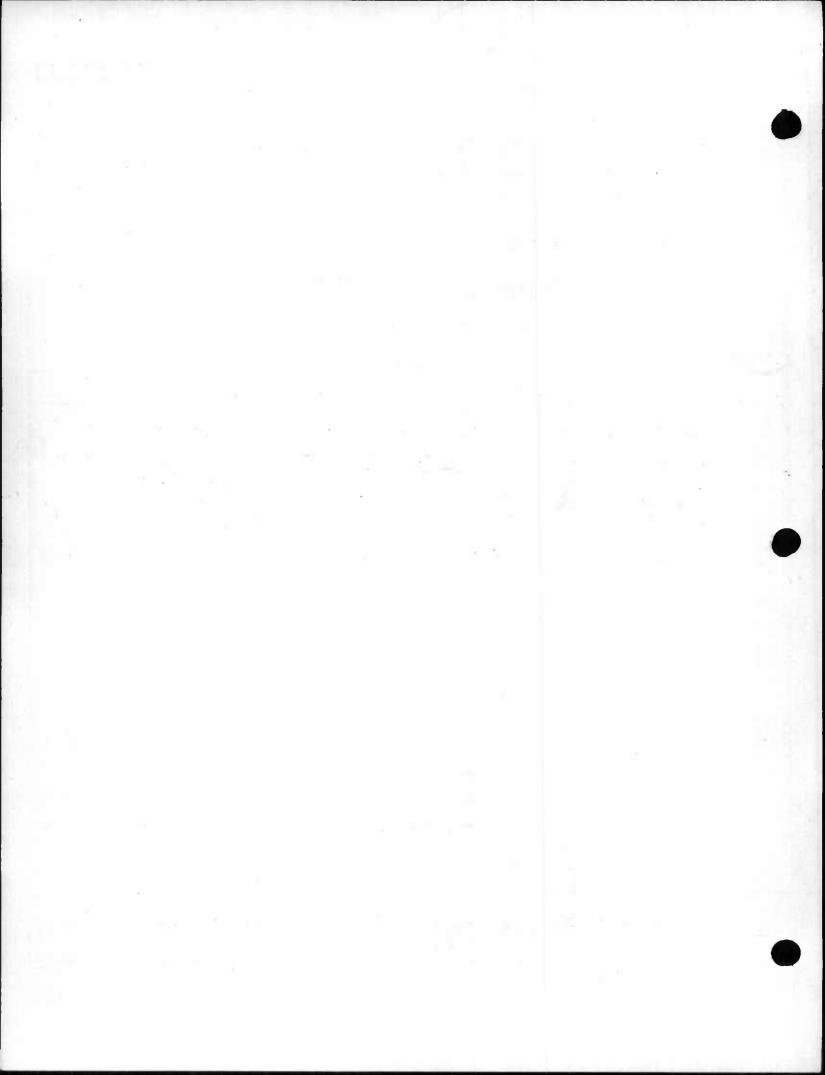
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29d. DATE SIGNED (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO



MARYLAND 21203-3146

BALTIMORE,

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HOSPITAL FUNERAL I

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Francis C. Mayle, M.D.

32. REGISTRAR'S SIGNATURE

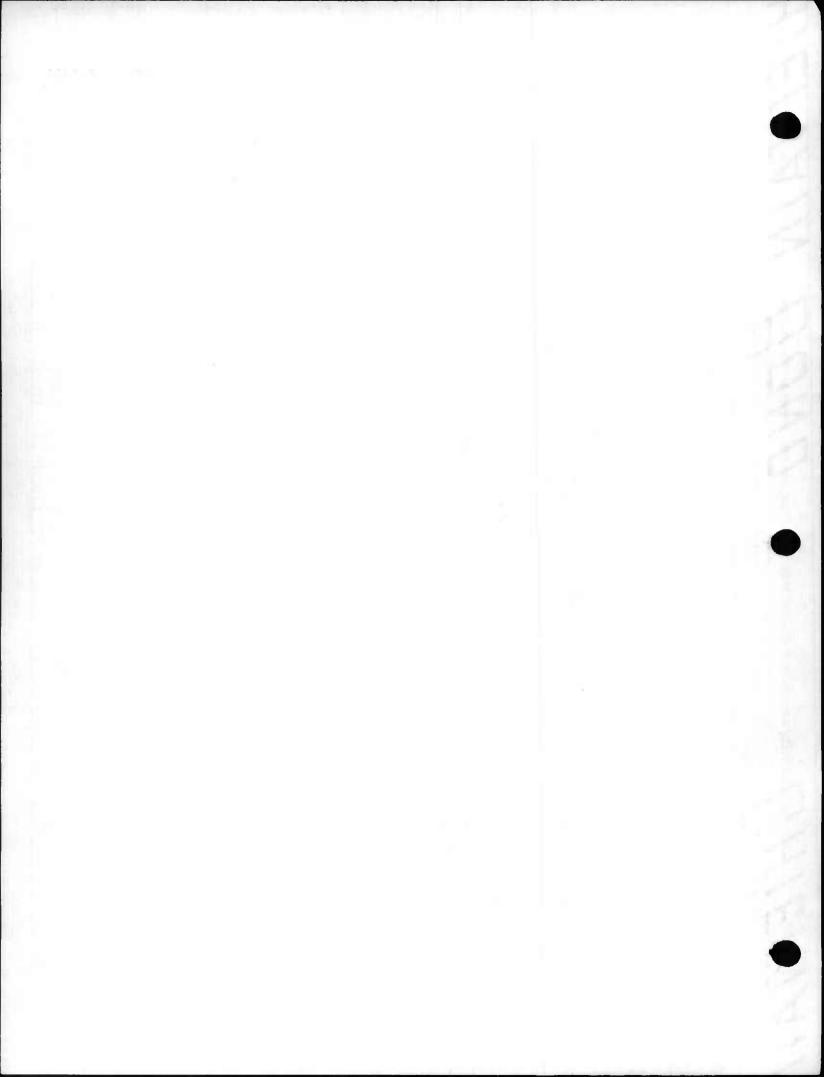
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH DAY YEAR NOVEMber 4, 1990 8:25 A. Howard Allan Johnson, Jr. M 7. DATE OF BIRTH (Month, Day, Year) 918 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 12XM 2 | F YRS. Maryland 214-07-0878 71 November 29, 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Kensington Montgomery 11407 Orleans Way RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Kensington 1 - YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11407 Orleans Way 20895 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ₹ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2XX Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced White WW TT COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working United States (Give kind of work done life. Do NOT use retired.) lary (0-12) College (1-4 or 5+) Government 12 Budget Analyst 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Howard A. Johnson BE Ada Ward 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 11407 Orleans Way Kensington, Catherine T. Johnson Maryland 20895 20a. METHOD OF DISPOSITION
1 Sp Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION - City or Town, State Valentines Cemetery Andalusia, Pennsylvania 21. SIGNATURE OF FUNERAL SERVICE LICENSEI Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 Picha M00846 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Acute Myocardial Infarction Acute resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic Cardiovascular Disease Indefinit ON Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2XXNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 (XResidence 6 (C Other (Specify) 4 - Nurs 27. MANNER OF DEATH 25a. DATE OF INJURY (Month, Day, Year) 28d. OESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 1 YES 2 NO 11-4-40 FOUND BY IN BED 2 Accident 28e. PLACE OF INJORY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide ED 5 Could not be 4 Homicide HOM COMPLET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of in another investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 4-90 11-0 2

8200 Wisconsin Avenue, Bethesda, Maryland

TO THE HOSPITO TO THE FUNERA De filed within 7 IMPORTANT: 1



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BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEOENT'S NAME (First, Middle, Last)	11.	ED AND TO	NMN	10.011	2. DATE OF DEATH MONTH , 1 D.	AY 5	3. TIME OF DEATH
	A SOCIAL SECURITY NUMBER	ANTIN BAG	FRANKLIN			//	J 6	10 3 //4
	219-32-9152	2 () () ()	E (In yrs. leat birthday) 52 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) MAY 30-38	ľ	i. BIRTHPLACE (State or Foreign Country) MD
_	9a. FACILITY NAME (If not institution, give a				WN OR LOCATION OF DI	EATH	9c. COUNT	Y OF DEATH
0	ANNE ARUNDEL GEN	MEDICAL CEN	VTER	ANNAI	POLIS		ANNE	ARUNDEL
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR L				10d. INSIDE CITY LIMITS?
	MD ANNE AF	RUNDEL	Al	NAPOLI				1 NO
FUNERAL	100. STREET AND NUMBER 124 ROSELAWN RD.				21403			EN OF WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS	DECENOENT OF HISPAI	NIC ORIGIN? (Specify Yes		4. RACE — American Indian, Black, White, etc.
BYF	1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 TYE		If yes	yes 200 NO Specif	n, Puerto Rican, atc.) y:		Specify: BLK
ED B	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	I IISIIAI OCCUI	PATION	16b. KIND OF BU	SINESS/INDIP	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of Ille. Do NOT u	work done during se retired.)	g most of working			
COMPLET	12	?	LABORI	er		GAS & ELEC		
ខ្ល	17. FATHER'S NAME (First, Middle, Last)	NINGON OD				ME (First, Middle, Maiden	Surname)	
8	CORNELIUS JO	omnson sr.	19b, MAILIN	ADDRESS (St	HELE	N JOHNSON Route Number, City or Tow	m. State. Zip C	Code)
임	PATRICE JOHNSON 1010 VAN BUREN ST. ANNAPOLIS, MD. 21403							
	200 METHOD OF DISPOSITION 140 Burlel 2 Cremetion 3 Rem	oval from State			of cometery, crematory or			ty or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	4.1	-	E AND ADDRESS OF FA		NAPULI	S, MD. 21401
	► CHARKES E. HI	CKS 111	With	HIO	KS FUNERAL	. HOME - 19	922 FC	21401 REST DR. ANNA.ND
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE O	OF):	ng Con	delu		Double and Death
EH	resulting in death) LAST	d						
MEDICAL	PART II. Other significant condition	na contributing to deat	but not resulting	in the under	tying cause given in	Part I. 24e. WAS AP PERFO 1 TYES	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF OEATH (C	heck only one)		
SIC	EXAMINER?	HOSPITAL:	Outpetient 3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	6 Cher (Specify)		
	27. MANNER OF DEATH 1	28a. DATE OF INJUI (Month, Day, Yea		LJURY	L. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	JREO
B	Investigation		ament Asia	etrant factors	office	201 LOCATION (Steam	and Mumber	
TED	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S		mired, motory,		City or Town, State))	or Rural Route Number,
MPLETED	3 Sulcide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	building, etc. (S	specify)	red at the time,	date and place, and du	City or Town, State	nner as state	
BE COMPLETED	3 Sulcide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	building, etc. (S HCIAN: To the best of my kr ER: On the bests of examine	specify)	red at the time,	date and place, and du	City or Town, State to the cause(s) and ma a time, date and place, a	nner se state	d.
	3 Sulcide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	building, etc. (S	ipecily) nowledge, death occur ation and/or investigat	red at the time,	date and place, and du	City or Town, State to the cause(s) and ma a time, date and place, a	nner se state	d. cause(s) and manner as stated.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be required by Providing the control of the contro	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sees 5 should be the second of the funeral director, sees 5 should be the second of the funeral director, sees 5 should be the second of the funeral director, sees 5 should be the second of the funeral director, sees 5 should be the second of the funeral director, sees 5 should be the second of the funeral director, sees 5 should be the second of the funeral director, sees 5 should be the second of the funeral director, sees 5 should be the second of the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	90	31856
	1. DECEDENT'S NAME (First, Middle, Last)	Jones	f)		2. DATE OF DEATH DA	ý 9°C	3. TIME OF DEATH A
	214-05-026	5. SEX 8. AGE (1)	YRS. MON		7. DATE OF BIRTH (Month, Day, Joar)	Co	RTNPLACE (State or Foreign Durity) ARYLND
TOR	ANNE ARUNGE! MI	edical Conte	ex 7	WNAPSI/S	DEATH	ANNE	1 1 1
DIRECTOR	MARYLAND AND		ANNA	WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	10e. STREET AND NUMBER 701 GLENWOOD	ST ADT A	1 2	101. ZIP CODE 21401		U.S.	DF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 XNO	13. WAS DECENDENT OF NISP. If yes, specify Cuben, Mexis 1 YES 2 X YO Specify	can, Puerto Rican, etc.)	or No 14. R	NACE — American Indian, black, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Coffege (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life, Do NOT use ret	AL OCCUPATION tone during most of working red.)	16b. KIND OF BUS	I INESS/INDUSTR	
MPL	17. FATHER'S NAME (First, Middle, Last)		DOMES	- Carrier III annual annual annual annual annual annual annual annual annual annual annual annual annual annual	IAME (First, Middle, Maiden	Summers!	
	GEORGE MCGOWAI	NS		THE PROPERTY.	NNIE DOWN	,	
TO BE	19e. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rura			
-	ROBERT JONES 200, METHOD OF DISPOSITION	1 204		ENWOOD ST.		ANNAPC	
	1 N Buriel 2 Cremetion 3 Rer 4 Donatton 5 Other (Specify)	noval from State	other place)	т стметеру	A N	NAPOIT	S MARVIANT
	21. SIGNATURE OF FUNERAL SERVICE L	1 Rease		22. NAME AND ADDRESS OF I			MB. 21401s,
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused. List only one cause on ea					Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition			STILLA	Ho wanne	chain	
	resulting in death)	S. DUE TO (OR AS A	CONSEQUENCE OF):	STARL	/ C / rulyau	riege	TENR
NO	Sequentially list conditions,	. Cerel	CONSEQUENCE OF):	STINAL	ACCIDE	NT	+ hrs
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				
CER		d					
SAL	PART II. Other algnificant condition	LEVOSIS	ut not resulting in ti	e underlying cause given	In Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Dialete	<u> </u>			1 TES 2		OF DEATH?
N.	- Constant						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PLACE OF DEATH (
HYS	1 YES 2 NO 27. MANNER OF DEATN	Inpatient 2 ER/Outp	26b. TIME O		e 6 Other (Specify) 28d. DE\$CRIBE NOW I	NJURY OCCURE	d
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY building, atc. (Special contents)	— At home, farm, stree city)	t, factory, offica	26f. LOCATION (Street City or Town, State)		ural Route Number,
COMPLETED	29e. CERTIFIER CERTIFYING PNY	SICIAN: To the best of my know	riedge, death occurred a	the time, date end place, and d	lue to the ceuse(e) end ma	nner ee stated.	
OMF	CONSTRUCTION OF THE STATE OF TH	NER: On the basis of examination					use(e) and menner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIC	D. A Erst	Ein 1	1D D34	427	29d. DATE SIG	SNED (Month, Day, Year) -30-90
2	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	Ridgely	Ave SL	201	ANP MD
	31. DATE FILED /MOOTH _ DOY 1000	Julia 34 DEED HOLDONG - 188	MARKE	nuyen	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<140/

TO BE COMPLETED BY FUNERAL DIRECTOR:

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

90 31857

1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGIENI REG. NO.	E
1. DECEDENT'S NAME (First, Middle, Last) Herschel Johnst	on				2. DATE OF DEATH DA	šo
4. SOCIAL SECURITY NUMBER 216-22-6927	5. SEX 1 X M 2 - F	6. AGE (In yrs. lest birthday) 6]. YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-02-1929	
9a. FACILITY NAME (If not institution, give si	treet and number)		9b. CITY, TOWN C	OR LOCATION OF OR	EATH	9c. COUNT
Francis Scott Key	Medical	Center	Balt	timore		

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		201	3. TIME OF DEATH	4
Herschel Johnst	on					!	11-5-9	Šo	YEAR	1:10	Рм
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF BIRTH			PLACE (State or For	oign
216-22-6927	1 X M 2 □ F	6].	YRS.	MONTHS D	NYS HOURS	MIN.	(Month, Day, Year) 9-02-1929		Mary	yland	
9a. FACILITY NAME (If not institution, give si				9b. CITY, TO	WN OR LOCAT	TION OF OE	ATH	9c. COUNT	TY OF D	EATH	
Francis Scott Key	Medical	Center		В	altimo	re					
10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY	
Md. Balti	more Cit	У		Balti	more (City				1 YES 2 1	NO
10e. STREET AND NUMBER					10f. ZIP CO	DE		10g. CITIZ	EN OF V	VHAT COUNTRY?	
3828 Bayonne Ave	nue					21	206		USA		
11. MARITAL STATUS	12. WAS OECEDER	T EVER IN U.S.	ARMED NO				IIC ORIGIN? (Specify Years, Puarto Ricen, atc.)	or No-	14. RACE	— American India c, White, etc.	n,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES	q.iio		YES 2 K NO					Îte	
15, DECEDENT'S EOU (Specify only highest grade	CATION completed)		(Give kind of	USUAL OCCU		king	16b. KIND OF BUS	INESS/INDL	STRY		
Elementary/Secondary (0-12)	College (1-4 or 8	+)	ille. Do NOT ui Insur				Washin	aton	Mat	ional	
17. FATHER'S NAME (First, Middle, Last)			Tiloui	ance	40.00	~	ME (First, Middle, Meiden	-	IVa C	101141	
Earl Charles John	ston						et R. Mell				
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet and Numb	er or Rural I	Route Number, City or Tow	n, State, Zip	Code)		
Mr. Warren B. Joh	nston		1930	Upper	Ford I	Lane,	Hampstead	, Md.	210	074	
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 2 Donation 8 Other (Specify)	oval from State	20b. PLA	CE OF DISPO	sition (Name Cemete	of cometery, cr	ematory or		th Gl			
21. SIGNATURE OF PONERAL SERVICE LIC	CENSEE 7	an ·			ME AND ADDR	ESS OF FA	CILITY Cline	F	-1 1	lomn	
> Steves	w.	Ella	e	934	IS. M	ain S	Eline treet, Ham				4
23. PART I. Enter the diseases, or a hock, or heart failure.				not enter th	e mode of d	lying, auc	h as cerdiac or reepi	ratory arre	at,	Approxima	
IMMEDIATE CAUSE (Final		1 1	4 5.1		1				100	Onset and	
resulting in death)	. Su	.Ddur	al H	ema	toma			/11		2 d	ays
,	DUE TO	(OR AS A CON	SEOUENCE O	F):				-	Eyl	1-1	
Sequentially list conditions	a Head	× 110	uma					1000	0	A sida	45
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE O	F):					1	An	, b
CAUSE (Disease or Injury	c								1	100	
that initiated events resulting in death) LAST	DUE TO	OR AS A CON	SEOUENCE O	F):					17	8 0 ms	.>
resulting in death) CAST	d	-								In R	100
PART II. Other algnificent condition	ne contributing to	death but no	ot resulting	In the unde	rivina cause	given in	Part I. 24s, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FI	NDINO
1 1 10	use						PERFOR		1	AVAILABLE PRIOR	
THEORET OF D	436						1 □ YES 2	NO		OF OEATH?	
										1 - YES 2 V	10
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH MA	eck only one)				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	2 🗆 000	OTHER:							
27. MANNER OF DEATH	28s. DATE O		28b. TIR		c. INJURY AT	nesidence	8 C Other (Specify) 28d, DESCRIBE HOW	NJURY OCC	UREO		
1 Netural 8 Pending	(Month,	Day, Year)	IN S	JURY	WORK?	X NO	unnan	F2 81 P3 P3 P3 P	. P3 P	SUBJECT	ਸਾਸ਼ਾ
2 Accident Investigation	280 PLACE	OF INJURY — AI	B demoder			- No	281. LOCATION (Street	ARCX XXX.	7.		1,1511
3 Suicide 8 Could not be detarmined	building	atc. (Specify)		(XXXXX		NT OI	City or Town, State				OM, c

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my

2 MEDICAL EXAMINER: On the basis of 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

200 F) (V)		1	10/	70
O. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITEM 27) (Type, Print)	airment Nei	Me Surgery II	1 0
JON Wein	gartent 4940.	Eastern Ave	rue Baltimore	MY

31. DATE FILED (Month, SONOV 8

32. REGISTRAR'S SIGNATURE Juidson-Randess

DHMH-18 Rev 1/89

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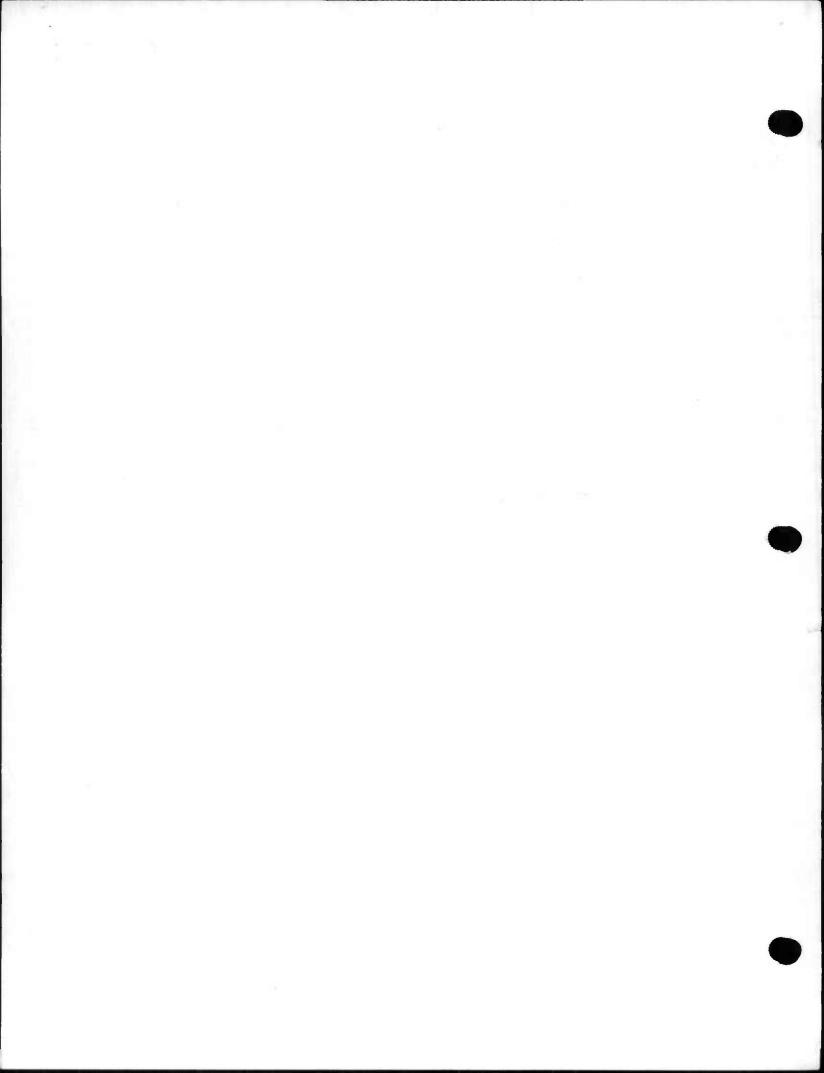
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and id be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Pages 1, 2, 3 and d
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.	

-	REGISTRAR		OLITI	11 107	IE OF	DEATH		REG. NO.			
*N7	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT W. JOV	BERT WILI	LIAM	JOHNS	ON	2. DATE OF DEATH DAY YEAR STANDARD STAN			YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birtho		OER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			6. BIRTHPLACE (State or Fo	
1	579-86-0154	30 YR	IS. MONT	HS DAYS	HOURS MIN.	Nov 18, 19					
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. 0	CITY, TOWN C	R LOCATION OF DE		j		NTY OF DE	
4	Washington Advent		+01	T	akoma	Donle		Montgomery			0.1077
2	RESIDENCE OF DECEDENT	cisc nospi	tal	1	akoma	Fal'K			MOI	regom	ery
DIRECTOR	10a. STATE 10b. COUNTY	,	10c.	CITY, TOY	VN OR LOCAT	ION					10d. INSIDE CITY
E	Maryland Montg	gomery		Silv	er Spi	ring					LIMITS?
	10g. STREET AND NUMBER	50ст у		DIIV		ZIP CODE			10m CITI		HAT COUNTRY?
FUNERAL	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				101						
9	3526 Peartree Cou					20906					tates
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	YES 2 YNO			ENDENT OF HISPAN selfy Cuban, Mexica			or No-	14. RACE Black,	American Indian, White, atc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				2)(NO Specify		,		Specify	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DECEDE	NT'S USUA	L OCCUPATIO	IN at all working	16b. KIP	OF BUS	INESS/INC	DUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilie. Do M	OT use retire	one during mo ed.)	at or working					
4	12		Offic	ce As	sista	nt	Mon	tgome	ery (Count	y Schools
8	17. FATHER'S NAME (First, Middle, Last)			-		16. MOTHER'S NA					
	Clarence Jo	ohnson				Paulin					
BE	19a. INFORMANT'S NAME (Type/Print)	311110011	105 1441	I INC ADDI	2556 /S	nd Number or Rural I			Otata 7in	o Codel	
2	Jean Johnson			e as		nd number of numer	TODIO HUITIDOI,	City or lown	, Sterre, Esp.	0 0000)	
.				-							
- 1	20a. METHOD OF DISPOSITION 1) XBurial 2 Cremation 3 Remo	oval from State	20b. PLACE OF DI other place)							City or Tow	
	4 Donation 5 Other (Specify)					emetery		Bir	ning	ham,	Alabama
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				ID ADDRESS OF FA		1	D 4		
	osti-	B. ll	M008			Funeral ist Ave,				, MD	20910
	23. PART I. Enter the diseases, or of shock, or heart failure.			Do not er	nter the mo	de of dying, suc	h aa cerdied	or reapir	ratory an	reat,	Approximate interval Between
- 1		A Defet COMPANY	Oil Guott Illio.								
											Onset and Death
	disease or condition	Preuni	ocush's Pr	reun	nua						
	disease or condition resulting in death)	a. Preunu	cysh's Pr	LLUM CE OF):	nia						Onset and Death
_	disease or condition resulting in death)	neuro	CCUSH'S PR RAS A CONSEQUENT	CE OF):	nia	Lundr	me				
NOI	disease or condition resulting in death) Sequentially list conditions,	DUE TO (OF CLEGUERE TO (OF	PR AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE	CE OF):	nia icienci	, syndr	me				
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Preunice DUE TO (OF	OCUSA'S PARAS A CONSEQUENT A AS A CONSEQUENT R AS A CONSEQUENT	CE OF):	nia	y Syndr	me				
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C	COUSTS PR R AS A CONSEQUENT R AS A CONSEQUENT R AS A CONSEQUENT		nua	y Syndr	me				
RTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	C			nua	y Syndr	me				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C			nua	y Syndr	me				
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	cDUE TO (Of	R AS A CONSEQUEN	CE OF):				a. WAS AN		24b.	6 days 20 months
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d. DUE TO (Or	R AS A CONSEQUENCE	CE OF):	e underlyin		Part i. 24	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR OF CAUSE
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. DUE TO (Or	R AS A CONSEQUENCE	CE OF):	e underlyin		Part i. 24		MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d. DUE TO (Or	R AS A CONSEQUENCE	CE OF):	e underlyin		Part i. 24	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition Hycobackuim	d. DUE TO (Or	R AS A CONSEQUENCE	CE OF):	e underlyin	g ceuse given in	Part i. 24	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition Hycobackuum 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. DUE TO (Or	R AS A CONSEQUENCE	ce of):	e underlyin		Part i. 24	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition Hycobackuum 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 54.NO	d. DUE TO (OF	eath but not result Who cell ER/Outpetient 3 De	ting in the	26. PI	g ceuse given in	Part i. 24	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition Hycobackuum 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SANO 27. MANNER OF DEATH	DUE TO (OI	PRAS A CONSEQUENCE Beath but not result Lutra cell ER/Outpetient 3 D JURY 286	ce of):	26. PI	g ceuse given in	Part i. 24	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition Hycobacterium 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JANO 27. MANNER OF DEATH 1 Anetural 5 Pending	DUE TO (OI d. a. contributing to de A.V.L.M HOSPITAL: 1 Minpetient 2 E	PRAS A CONSEQUENCE Beath but not result Lutra cell ER/Outpetient 3 D JURY 286	CE OF): ting in the	26. PHER: Nursing Hore 28c. IN.	g ceuse given in	Part i. 24	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, Obsease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition Hycobackerial 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SANO 27. MANNER OF DEATH 1 Accident Pending Investigation	DUE TO (OI d. Ta contributing to de AVULM HOSPITAL: 1 Minpetient 2 E 28a. DATE OF IN (Month, Day,	eath but not result Luta cell ER/Outpetient 3 D DURY Year) NJURY — At home, fi	ting in the	26. PI Numing Hom 28c. IN. WC 1	Cace of Death (Chies 5 Residence	Part i. 24 1 eck only one) 6 Other (S) 28d. OESCR	PERFOR YES 2 Specify) IBE HOW IF	MED?	CORED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condition Hycobachcuiry 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OF INCIDENCE OF INCIDEN	eath but not result Luta cell ER/Outpetient 3 D DURY Year) NJURY — At home, fi	ting in the	26. PI Numing Hom 28c. IN. WC 1	Cace of Death (Chies 5 Residence	Part i. 24 1 eck only one) 6 Other (S) 28d. OESCR	PERFOR YES 2 Peoclly) IBE HOW II	MED?	CORED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition Hycobackuim 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JANO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OF d	PAS A CONSEQUENCE But not result CR/Outpetient 3 De DURY 26b NJURY — At home, for a. (Specify)	CE OF): ting in the street, or the street, occurred at the street, occurred a	28. PI HER: Nursing Hom 28c. IN. WC 1 1 factory, office	ACE OF DEATH (Ch. S S Residence URTY AT PKS 2 NO e	Part I. 24 1 1 6 Other (S 28d. OESCR 281. LOCATH City or 1	PERFOR YES 2 pecify) IBE HOW IR ON (Street e fown, State)	MED? NO NJURY OC and Number	CORED or Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, Obsease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition Hycbbackwish 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 N.NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 240. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 290. SIGNATURE AND TITLE OF CERTIFIER LULLA J. X. 30. NAME AND ADDRESS OF PERSON WIN	DUE TO (OI d	PAS A CONSEQUENCE PASS A	CE OF): ting in the LULOU OA 4 O. TIME OF INJURY Bryn, street, courred at ligation, in	26. PI 26. PI HER: Nursing Hom 28c. IN, WC 1 the time, date my opinion, of	G ceuse given in ACE OF DEATH (Ch te 5 Residence URY AT PIK? YES 2 NO e and place, and due leath occured at the 29c. LICENSE NU Hi D 35	Part i. 24 1 1 6 Other (S 28d. OESCR 281. LOCATH City or 1 10 to the cause(1 time, date and MBER	PERFOR YES 2 pocify) IBE HOW II ON (Street a fown, State)	NJURY OC	occursed or or Rural R sted. he cause(a) TE SIGNED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

Tar) 90

32. REGISTRAR'S SIGNATURE
Julia Davidson Randale

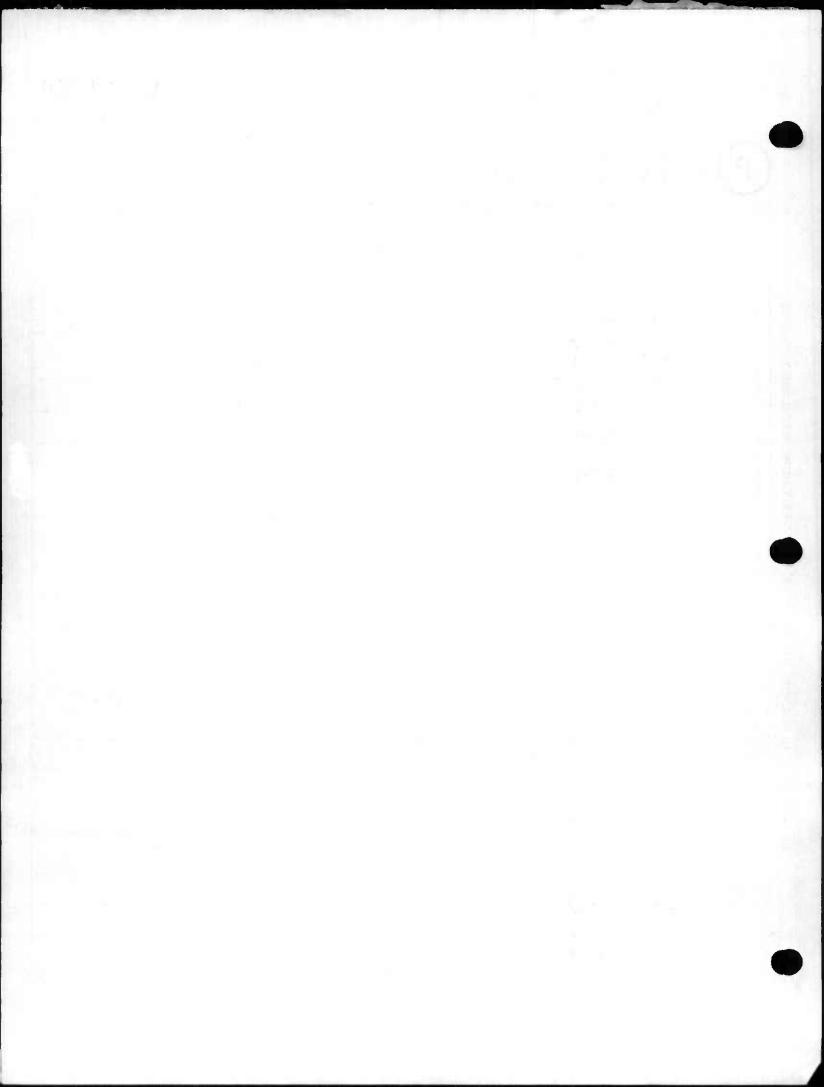
	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA	RTMENT OF			MENTAL HYGIEN				
-	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AV	YEAR 1	TIME OF DEATH	
N		Goldie M.		, , ,			Octobe:	29,		11:25PM	
	4. SOCIAL SECURITY NUMBER 579-24-1662	5. SEX 6. /	AGE (In yrs. last birthday) 78 YRS.	MONTHS DAY		MIN.	7. DATE OF BIRTN (Month, Day, Year) Feb. 22,	1912	Country)	ACE (State or Foreign	
4	9a. FACILITY NAME (If not institution, glvp	atreet and number)		9b. CITY, TOW	N OR LOCATI	ON OF DE			NTY OF DEAT		
DIRECTOR	Suburban Hospit	cal		1	hesda			Mon	tgomer	Υ	
	10a. STATE 10b. COUNT		10c, Ci	TY. TOWN OR LO	CATION		 		10	d. INSIDE CITY	
	7,220.0	NTGOM		BETH		1				LIMITS? 1ES 2 XX	D
FUNERAL	10e. STREET AND NUMBER	man Channah			101. ZIP COD	€ 2081	4		IZEN OF WHA		
	7818 Tilbu:								ed Sta		
15	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1					IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No—	14. RACE — Black, W	American Indian, hite, etc.	
B	1 Never Married 2 Married 3 Widowed 4 XXDivorced	IF YES, GIVE WAR		1 🗀 🤊	rES 2 NO	Specify	r:		Specify: Whit	te	
ONCE.	15, DECEDENT'S ED (Specify only highest grad	de completed)		S USUAL OCCUP		ing	16b. KIND OF BU	ISINESS/INI	DUSTRY		
PE	Elementary/Secondary (0-12) 12	College (1-4 or 5+)		lerk			Hardwa	re St	ore		
0 0	17. FATHER'S NAME (First, Middle, Last)				16. MOT	HER'S NA	ME (First, Middle, Malder	Surname)			
E 111	Hiram D. M	usgrove			6.77	Or	a D. Watk	ins			
B 2	19a. INFORMANT'S NAME (Type/Print)	-1	19b. MAILIN	G ADDRESS (Stre	et and Numbe	r or Rural I	Route Number, City or To	vn. State, Zij	ip Code)		
TO BE	Marian L. Jewel	1	1517	Miller	Ave.,	Tyb	ee Island	, Geo	orgia	31328-1	1571
<u> </u>	20a, METHOD OF DISPOSITION 1 □ Burial .2X Cremetion 3 □ Re	moval from State	20b. PLACE OF DISPO	OSITION (Name of	cemetery, cres	matory or	20c. L	OCATION —	- City or Town,	State	
must	4 Donation 5 Other (Specify)		Montgome	ery Cre	matori	um,	Inc. Be	thesd	la, Mai	ryland	
examiner	21. SIGNATURE OF FUNERAL SERVICE I)		HOTO	AND ADDRE	ess of FA	Chevy Ch	A. P	rumphre	y Funer	ral
	Kaheng	tanal	M00198				., Bethes				
medica	23. PART I. Enter the diseases, or ahock, or heart fellure			not enter the	mode of dy	ing, suc	h as cerdisc or reep	olretory ar	rrest,	Approximate	
E E	IMMEDIATE CAUSE (Finel disease or condition	THE STATE OF								Onset and D	
event, ti	resulting in death)	a. My och	RD 11-6	INI	AR	CTTC	on	-		ACUTO	2
		ALE TERMION	TAS A CONSEQUENCE	700	Ar Den	VAC.	c.1140	1	CARCE	1000	of
y, or other traumatic CERTIFICATION	My o CARD (ALL) (NF ARCITON ACUTE NDETO (OR AS A CONSEQUENCE OF):										
S E	If any, leading to immediate cause. Enter UNDERLYING										
TIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):							
2 E	resulting in death) LAST	d								+	
Injury,	PART II. Other algnificant condition	one contributing to de	sth but not resulting	in the underl	ying ceuse	given in				ERE AUTOPSY FINE	
	UPPER GAS	TROINTES	TINAL	Somo	DANI	ACO	1 YES	RMED?	C	MILABLE PRIOR TO OMPLETION OF CAL	
shows any : MEDIC				,	,			44		F DEATH?)
S .:							_				
I AN	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF I	DEATH (Ch	eck only one)				
ed, or Item 23 shows any PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL: 1-☑ Inpatient 2 ☐ El	R/Outpatient 3 DOA	OTHER:	Home 5 🗆 R	Residence	8 Other (Specify)				
F	27. MANNER OF DEATH	28s. DATE OF IN. (Month, Day,	JURY 28b. T Year)	IME OF 28c	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCURED	T.L.	
BY BY	1 Tatural 5 Pending 2 Accident Investigation					NO		D	IN	Bay	
8	3 Suicide 8 Could not b	28s. PLACE OF It building, etc	NJURY — At home, farm . (Specify)	street, factory,	office		281. LOCATION (Street City or Town, State	9)	or or Rural Rou	18-05 D	
COMPLET	(Orleck orley	/SICIAN: To the best of my	knowledge, death occu		date and plac	e, and dus			ated.	7	
MOX MOX	one) 2 MEDICAL EXAMI	NER: On the basis of exer	nination and/or investiga	tion, in my opink	on, death occi	ured at the	time, data and place,	and due to	the cause(a) a	nd manner as stat	ted.
PORTA BE	296. SIGNATURE AND TITLE OF CENTIF	VER OF LICENSE MUMBER						29d. DA	TE BIONED IN	toron, pay, than	



	1 - STATE REGISTRAR		CE	RTIFIC	ATE C	F DEATH	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF E		YEA	3. TIME OF DEATH			
	Eva		ohnson				10	29	1990 EA	4:29AM			
)	4. SOCIAL SECURITY NUMBER 579-01-5202	6. SEX 6.	AGE (In yrs. less		NTHS DAY		7. DATE OF B (Month, De) April	7, 19	Co	RTHPLACE (State or Forei sunity) llinois			
TOR	90. FACILITY NAME (II not institution, give : Montgomery General Residence of Decedent		tal	98	01ne	N DR LOCATION OF E	DEATH		Montg				
DIRECTOR	10s. STATE 10b. COUNT			10c. CITY, TO	own on Lo					10d. INSIDE CITY LIMITS? 1 TES 2 X N			
FUNERAL	100. STREET AND NUMBER 11700 Old Colum	oia Pike #	417			20904		1		d States			
BY	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FDRCES? 1 I IF YES, GIVE WAR	YES 2 XN		If yes	DECENDENT OF HISP/ , specify Cuben, Mexic YES 2 X NO Spec	en, Puerto Rican		E	ACE — American Indian, Black, White, atc. Specify: White			
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S US	UAL OCCUP	ATION most of working	16b. KIN	ID OF BUSIN	ESS/INDUSTR	Υ			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	_	retar		most of working	Ва	anking	3				
5	17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Me												
BE	John Peter Johnson	on					e Sechu			•			
0	190. INFORMANT'S NAME (Type/Print) Roberta Nielsen					et and Number or Rura							
	200. METHOD OF DISPOSITION		_			ve, NW W			TION - City of	013			
	1 Buriel 2 Commation 3 Ren 4 Donation 8 Other (Specify)	noval from State	other pla	ice)		ban Crema				ring, MD			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		22. NAM	E AND ADDRESS OF F	ACILITY			-1107 110			
	· Ditti:	R 11	1	00827		p Funeral Gist Ave				MD 20910			
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause	aused the de				ch as cardiac	or reapira	tory arrest,	Approxima interval Be Onset and			
z	resulting in death)		R AS A CONSEC							22 day			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):											
CEF			0							27 day			
MEDICAL	Chitan degreed	4	eath but not r	esuiting in t	the under	ying cause given i		PERFORMI	ED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION DF CA DF DEATH? 1 YES 2 N			
₹ :	For State of												
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					. PLACE OF DEATH (C	Check only one)						
SIC	1 YES 2 NO	HOSPITAL:	R/Outpatient 3		THER:	Home 5 - Residence	8 Other (Sp	pecify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 \sum fatural 8 Pending 2 \sum Accident Investigation	28a. DATE OF IN (Month, Day,	JURY Year)	26b. TIME C		INJURY AT WORK?	28d. DESCRI	BE HOW INJ	URY OCCURE	D			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At ha :. (Specify)	me, farm, stre	et, factory,	office	28f. LOCATIO City or To	ON (Street and own, State)	i Number or Ru	ural Route Number,			
COMPLETED	one) 2 MEDICAL EXAMIN	BICIAN: To the best of m								use(a) and manner as st			
TO BE (296. SIGNATURE AND TITLE OF CERTIFIE GALLE	dus				29c, LICENSE N		1	DATE SIG	NED (Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON W	ir Philys	W.	olles	Int)	1 20832	/		,				
	NOV 01 °90	32. REGISTRAR	Savidson	Randal	2								

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

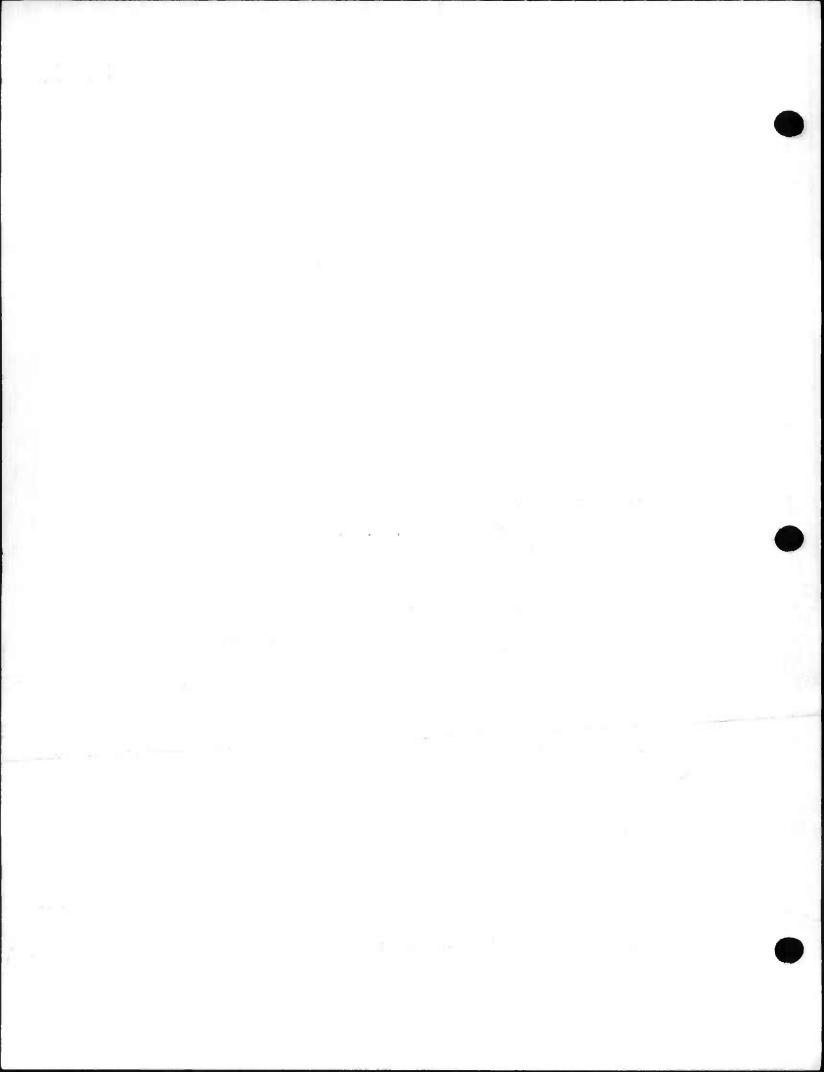


BALTIMORE, MARYLAND 21203-3146

100		
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	W
yvai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be
the funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	10
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	10
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	

31. DATE FILED (Month, Day, Year)
NOV 7 '90

	FOR 1 STATE	STATE OF N							VEN.	TAL HYGIEN	E	טפ	3106	I
-	REGISTRAR	A 20 0 0			ICATE	UF	DEAL	п	_	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Grace Grace	e kimme Helen		mmey					TE OF DEATH	3/9	YEAR	1 TIME OF DEATH	М
	4. SOCIAL SECURITY NUMBER 214-34-5070	5. SEX 1 M 2 X X	6. AGE (In y/s. Ins	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DA	TE OF BIRTH logth, Day, Year)	3	Country	PLACE (State or September) yland	
	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY,	TOWN C	R LOCATIO	ON OF OE	ATH			NTY OF DI	-	
œ	Dorchester General Hospital				1 6	ami	brid	lae				Dorchester		
6	RESIDENCE OF DECEDENT				L`	Julia	0110	.90				DOL	DITEDECT	
Ĭ I	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
DIRECTOR		chester			Camb								1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 219 Henry Stree	et				101	216					ZEN OF W	VHAT COUNTRY?	
Ξ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13. V	MAS DEC			IC OR	IGIN? (Specify Yea	_		- American Indian,	
	1 Never Merried 2 Merried	FORCES? 1	YES XX	NO	11	yes, sp	cify Cube	n, Mexice	n, Pue	rto Rican, etc.)		Black	, White, etc.	
B≺	3XXWidowed 4 Divorced	IF YES, GIVE Y	AR OR DATES		'	☐ YES	2 X NO	Specify				Specil	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S live kind of a. Do NOT u	USUAL OC	CUPATIO)N st of workin	ng		16b. KIND OF BUS	INESS/INC	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)											
N N	/			ноше	emake	er								
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI			st, Middle, Maiden				
BE	Jessie Lidden							Nol		Gland				
2	19a. INFORMANT'S NAME (Type/Print)									lumber, City or Town				
۲	Joyce L. Winds	or		Star	Rt	Bo:	x 22	28 T	od	dville	, Md	. 2	1672	
	20e. METHOD OF DISPOSITION 1) Buriel 2 Cremetion 3 Remo	wel from State	20b. PLACE		SITION (Nar	ma of cer	netery, cren	natory or		20c. LO	CATION -	City or To	wn, State	
	4 Donetion 5 Dither (Specify)	The state	East	New						y E. 1	Vew	Mar	ket, Md.	
	21. SIGNATURE OF FINITHAL SERVICE LIC	ENSEE			22. 1	NAME A	ID ADDRE	SS OF FA	CILITY	Thomas	Fun	era	1 Home	
	► LV	Ven en											Md. 2161	3
	23. PART I. Inter the diseases, or o	omniications the	t caused the di	eath Do									Approximate	
	mock, or heart failure.	List only one cat	se on sech line		. M.		-	mg, each		baratao or reap	ratory on		Interval Betwe	
	IMMEDIATE CAUSE (Final disease or condition	Aca	10	7	. 11.	4.	1						Onset and De	atn
	resulting in death)	· 140	OR AS A CONSE	ill	7	M	4						-	
		Del		ASHD	r):()									
S	Sequentially list conditions,	03	*		UENCE OF):									
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	0.00	2 0											
5	CAUSE (Disease or Injury	DUE TO		COPD	NEN.									
Ë	that initiated eventa resulting in death) LAST	11		0			100	,	-				i	
E		s. Cy	Mrs 8	we	10-1	7_	vab	nos	10:	liosis			-	
2	PART II. Other significant condition	a contributing to	deeth but not	reaulting	in the un	derlyln	g cause :	given in	Part :			24b	WERE AUTOPSY FINDIN	NGS
5										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	3E
										1 TYES 2	Mo		OF DEATH?	
Σ													1 YES 2 NO	
ž			_ `											_
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	DEATH (Ch	eck on	ly one)				
YS	1 TES 2 PNO	1 Unpatient 2			_			esidence	_	Other (Specify)				
표	27. MANNER OF DEATH Natural 5 Pending	28e. DATE Of (Month, L		28b. TIR	JURY		PRK?		28d.	DESCRIBE HOW I	NJURY OC	CURED		
B∀	2 Accident Investigation				M 1 YES 2 NO									
ED	III a lateral I 200, PLAUE UP INJURY — At nome, form, street, factory, office							LOCATION (Street of City or Town, State)	and Numbe	or Rural I	Route Number,			
The state of the s														
298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated.														
COMPLET	const.	R: On the beele of e	xamination and/or	Investigati	on, In my o	pinion, d	leath occu	red at the	time,	date end place, en	d due to t	he cause(r	s) and manner as stated	d.
	290 SUCHATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NUI	MBER	· · · · · · · · · · · · · · · · · · ·	29d. DAT	E SIGNED	(Month, Day, Year)	
BE	1/1/2 1	0 0	Hende	10	m'	,					•			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU			e. Print)	_			_					



DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within in THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fill filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation PPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the	BALTIMORE, MARYLAND	burs after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
FFE	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within dury after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		0 31002			
	1. DECEDENT'S NAME (First, Middle, Last)	KEHNE				2. DATE OF DEATH	AY 4 YE	3. TIME OF DEATH 405am M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	8.8	DIRTHPLACE (State or Foreign			
	568-12-2705	1 🖾 M 2 🗆 F 7	S YRS.	ONTHS DAYS	HOURS MIN.	Dec. 24, 1	0	ew Jersey			
DIRECTOR		te Hall Veterans Home Charlotte Hall St. Mary									
EC	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10d. INSIDE CITY			
		Mary's		Charlo	tte Ha]	11	LIMITS?				
MI	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
Ä	Route #5				20622		U.S	S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES				ANIC ORIGIN? (Specify Yesen, Puerto Rican, atc.)	a or No 14.	RACE — American Indian, Black, Whita, etc.			
BO BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES .		2 NO Spec			Specify:			
7	15, DECEDENT'S EQUI	1942 -	16a. DECEDENT'S U	CUAL COCURATIO	***	40. 1000 00 00		Vhite			
2	(Specify only highest grade	completed)		rk done durina mo		18b. KIND OF BU	SINESS/INDUST	HY			
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Milit			Dof	ense				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		F1 X X X X	aly	16 MOTNED'S N	AME (First, Middle, Malder					
	Edward Kehoe					et Kilcay					
BE	19a. INFORMANT'S NAME (Type/Print)		105 MAII (NG.	DDDESS /Street o		I Route Number, City or Tox					
9	Karen R. Fitz	hleren				e, Annapo					
	20a, METHOD OF DISPOSITION		PLACE OF DISPOSI				CATION — City				
	1 Burial 2 Cremation 3 Remi	gvel from State	other place)					1.1700.4900			
	21. SIGNATURE OF FUNERIAL SERVICE LIC	ENSEE //	rlingto	22. NAME AN	D ADDRESS OF F	emetery	Arling	gton, VA			
	* leffy !	Tayla		TAYI	or Fun	eral Chape	el ANN	inpolis, MD			
	23, FART I Enter the diseases, or o	complications that caused	tha daath. Do no	t antar the mo	da of dying, au	ch as cardiac or reap	iretory arrest,				
	inimediate Cause (Fine)	List only one cause on a	ach ilna.					intarvai Between Onset and Death			
	disease or condition										
	resulting in death) a. The District Cancel of the Color										
z											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate										
2	CAUSE (Disease or injury	cause. Enter UNDERLYING									
F	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:							
ER		d									
AL C	PART ii. Other aignificant condition	a contributing to death b	ut not resulting in	the underlying	cause given in	n Part i. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS			
S							RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC						1 TYES	2 NO	OF DEATH?			
Σ								1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 Pi	ACE OF DEATH (C	Check only one)					
SIC	EXAMINER? 1 TYES 2 NO	HOSPITAL:		OTHER:							
175	27. MANNER OF DEATN	28a. DATE OF INJURY	28b, TIME		URY AT	8 Other (Specify)	INJURY OCCUR	FD			
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WC	PK?						
В	2 Accident Investigation 3 Suicide 6 Could not be	26e, PLACE OF INJURY	— At home, ferm, et			28t LOCATION (Street	and Number or S	bural Bouta Number			
E	4 Homicide 6 Could not be	City or lown. State									
	29a. CERTIFIER										
COMPLETED	(Check only	CIAN: To the best of my know R: On the besis of asymination									
8	* MEDICAL EXAMINE		and/or investigation	, in my opinion, c							
0	many management and a second of the second				29c. LICENSE NO	UMBER	1 20st DATE SH				
	296. SIGNATURE AND THE OF CENTIFIES	10-1			70/	250		SPRED (Month, Day, War)			
BE	(Sh + 4)	leigel mg			D26	358	▶ ///	190			
	286. SIGNATURE AND THLE OF CERTIFIES 36. NAME AND ADDRESS OF PERSON WH	leigel mg	ATH (ITEM 27) (Type,	Printip	D26	358	► /I/	190			
BE	36. NAME AND ADDRESS OF PERSON WH	O COMPCETED CAUSE OF DE		Print)	D26	358	► /I/	190			
BE	(Sh + 4)	O COMPLETED CAUSE OF DE	ATURE	Princip	D26	358	► /I/	ARED (Mouth, Day, Welc)			

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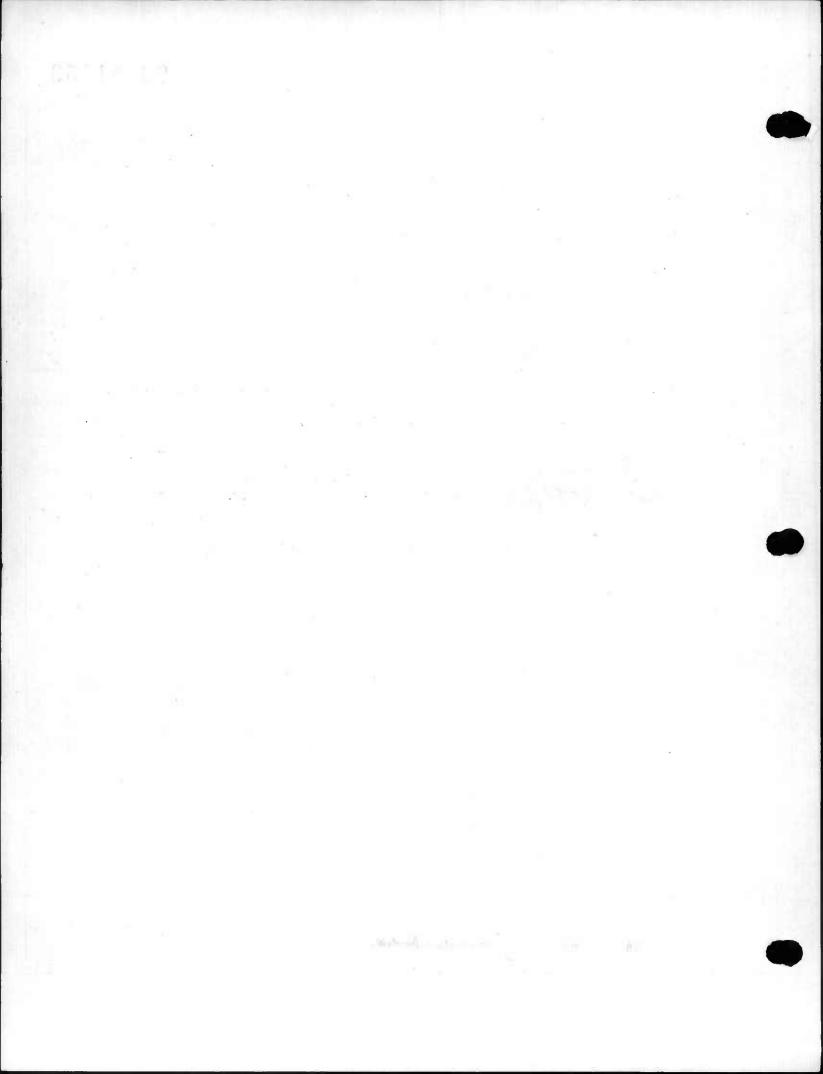
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Poer filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH A	ND MENTAL	HYGIEN
	CERTIFICATE	OF DEATH	1	REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							E	J	1003
1. DECEDENT'S NAME (First, Middle, Last)	Amelia Cath				2. DATE MONTH	OF DEATH	9	RA3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER / 220-10-3240	5. SEX 8. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month NOV	OF BIRTH . Day Year), 1	.905	Country) Mary	ACE (State or Foreign yland
8a. FACILITY NAME (If not institution, give Alexander House				or location of D	EATH		9c. COUNT Was	of DEAT	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Was	ny nington		TOWN OR LOCAL						d. INSIDE CITY LIMITS? X YES 2 ND
100. STREET AND NUMBER Apt. 707 W. Was			10	1. ZIP CODE 21740			10g. CITIZE		T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER III FORCES? 1 YES IF YES, GIVE WAR OR D.	2 X NO	If yes, sp	CENDENT OF HISPA Decity Cuben, Mexic 5 2 K NO Speci	en, Puerto I		or No- 14	Specify:	American Indian, /hite, etc.
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use house	ork done during me retired.)	ON ost of working	16b.	KIND OF BUS	INESS/INDUS	STRY	
17. FATHER'S NAME (First, Mickille, Last) George F. May				18. MOTHER'S N. Minn:		Middle, Maiden therin		wfor	1
190. INFORMANT'S NAME (Type/Print) Viola Catherine	Conrad			Dr., Ha					1740
20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	novel from State	PLACE OF DISPOSE other place) Rose Hill	Cemete	ery		Hag	cation — ci ersto		State Maryland
► SCONO	Minnies	2		CH FUNE E. Wilson			gerst	own,	Md. 21740
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a						ratory arres		Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	CONSEDUENCE OF)							
PART II. Other algnificant condition	ona contributing to death b	out not reaulting in	the underlyin	ng cause given in	n Part I.	24s. WAS AN PERFOR 1 TYES 2	MED?	A) Ci	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only or	10)			
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DES	SCRIBE HOW I	NJURY OCCU	RED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY	— At home, farm, at city)	reet, tectory, offi	ca		ATION (Street or Town, State)		Rural Rou	te Number,
one)	SICIAN: To the bast of my know								nd manner as stated.
29b. SIGNATURE AND TITLE OF CENTIF	I relada	/		29c, LICENSE NU	JMBER 266			SIGNED (M	fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	N WPERS	ATH (ITEM 27) (Type,	Print)				10		
31. DATE FILED (Month, Day, Year), 90	32. REGISTRAN'S SIGN	Mason-Panda	W.						



HOSPITAL OR ATTENDING PHYSI

FUNERAL I

BE

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VM-Totalti

VASANT DATTA, MO

31. DATE FILED (Moreth, Day, Year) 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MA

32. REGISTRAR'S SIGNATURE
Junia Davidson-Randoll

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PHYSICIAN: The law requires that the death certificate be executed writin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 28	burial	or than 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 2:20 P M Glen Kline 11 08 90 A. 7. DATE OF BIRTH
(Month, Day, Year)
March 31,1947 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 43 Pennsylvania 160-36-2830 1 M 2 X F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Avalon Manor, Home Hagerstown Washington RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1 X YES 2 | NO Penna. Franklin Waynesboro FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16 East Seventh Street 17268 U.S.A. 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

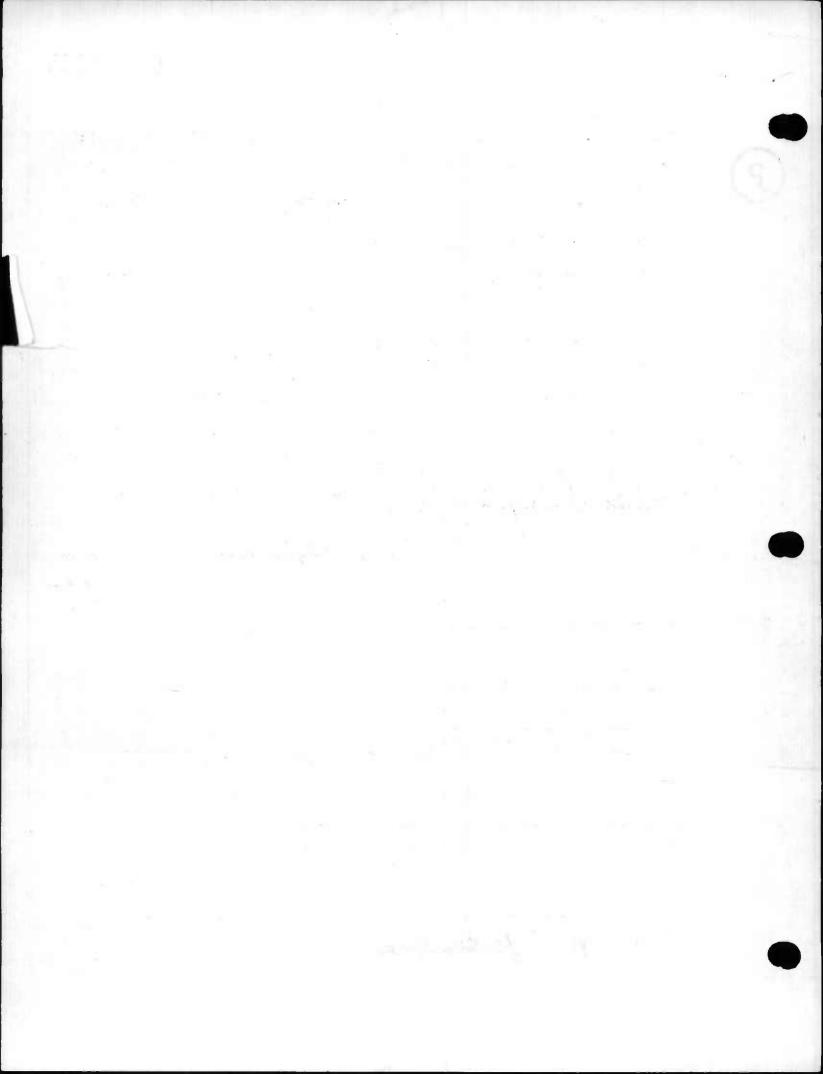
1 YES 2 Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+) 12 Machinist Rotorex 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Delvin Marion Kline Pansy Elanore Bloom BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 Sandra L. Kline 16 East Seventh Street, Waynesboro, PA. 17268 29b. PLACE OF DISPOSITION (Name of commercy, crematory or 20c. LOCATION -- City or Town, State METHOD OF DISPOSITION

Burlal 2 Cremation 2 Premoval from State Green Hill Cemetery Waynesboro, PA. 17268 4 Donation 5 Other (Specify) 21. SIGNAPHITE OF FUNDAL SERVICE/LICENSE 22. NAME AND ADDRESS OF FACILITY Snyder Funeral Home, Waynesboro, PA. 17268 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sack line. Interval Between Onset and Death IMMEDIATE CAUSE (Final entense or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Phenones 200 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury BUE TO JOR AS A CONSEQUENCE OF: that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS 24s, WAS AN AUTOPSY MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? much 1 TYES 2 TLNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 -NO reing Home 6 - Residence 6 - Other (Specify) 4 11 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Antural 5 Pending investigation 1 YES 2 ND DIRECTOR: After the hours after death witem 28 is mark BY 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be ED 4 Homicide COMPLET 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
Be filed within 72
IMPORTANT: 1 29b. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

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334 MILL ST HAGERSTOWN, MD 21740



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DIVISION OF VIEW PECONDS, 1.3. DOX 19149,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours aft	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ' led within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or remo
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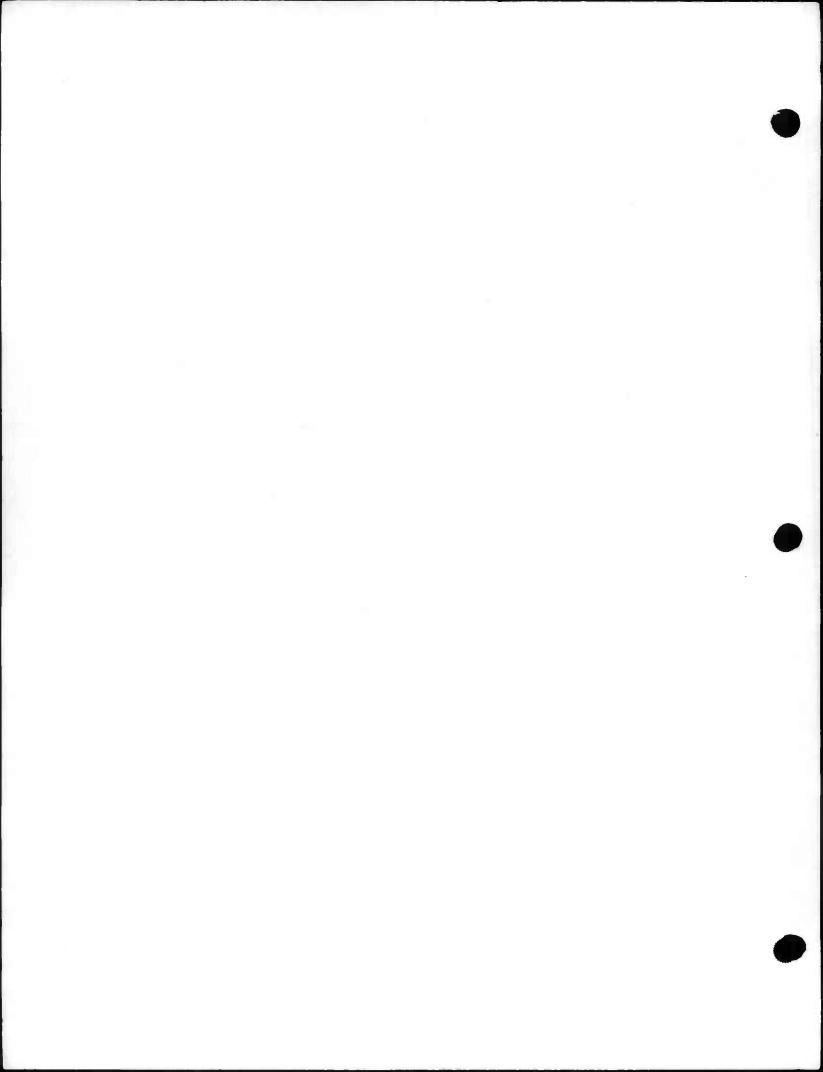
	REGISTRAR		CERTIFIC	CALE OF	DEATH	7	EG. NO.	- 0	3186
1	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF (DAY	YEAR	
	CLAY MARSHAI 4. SOCIAL SECURITY NUMBER	7	GE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF E	09	1990	1:55
	235221129	1 🗔 M 2 🗆 F	68 YRS.	NONTHE DAYS	F UNDER 24 HRS. HOURS MIN.	05-05	y, Year) -22	WES	ontry) ST VIRGINI
5	SACRED HEART HO RESIDENCE OF DECEDENT		1		RLAND,			OUNTY OF	
ECTO	RESIDENCE OF DECEDENT		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY
E	WEST VA MI	NERAL		YSER					1 YES 2 NO
ERAL	ROUTE 2, BOX 19	94	101. ZIP CODE 26726					CITIZEN OI USA	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 🔯 VI IF YES, GIVE WAR OF 1941-1947;	ENCENT OF HISP/ ecity Cuben, Mexic 2 M NO Spec	can, Puerto Ricar		Bi	ACE — American Indian, lack, White, atc. secity:		
3	15. DECEOENT'S (Specify only highest g	EOUCATION	16a, OECEDENT'S US	SUAL OCCUPATION MO	ON et of working	16b. KIN	D OF BUSINESS/	INOUSTRY	1
COMPLET	Elementary/Secondary (0-12) UNKNOW N	College (1-4 or 5+)	College (1-4 or 5+) STAFF SERGEANT (E-6)						
o S	17. FATHER'S NAME (First, Middle, Last)	AME (First, Middl	le, Malden Sumami	(0)					
BE	CLAYTON E. LAW		part/pressure			E BOLYA			
2	19a. INFORMANT'S NAME (Type/Print) SHEILA ANN LAW				SOUARE F				,MD 20748
	200. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT		~		20c. LOCATION	_	
	1 M Buriel 2 Cremation 3 1 4 Donation 8 Other (Specify)	Removal from State	other place) ARLINGTON						VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE								
		E MCENSEE		22. NAME A	ND ADDRESS OF F	FACILITY			
	23. PART I. Enter the diseases, shock, or heert felix immediate Cause (Final disease or condition resulting in death)	O complications that cause. List only one cause of	on each line.	FT. A	SHBY FUNBOX 1260	NERAL HODERT. A	SHBY, W	V 26	Approximate interval Bett Onset and D
IFICATION	shock, or heert felix IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	of complications that cause of complications that cause of all the cause of the cau	AS A CONSEQUENCE OF:	FT. A P.O.	SHBY FUNBOX 1260	NERAL HODERT. A	SHBY, W	V 26	Approximate Interval Bets
CERTIFICATION	shock, or heert felix IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	of complications that cause of complications that cause of all the cause of the cau	AS A CONSEQUENCE OF):	FT. A P.O.	SHBY FUNBOX 1260	NERAL HODERT. A	SHBY, W	V 26	Approximate Interval Bets
MEDICAL C	shock, or heert felix IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Linchia Due To (OR A d.	AS A CONSEQUENCE OF):	FT. A P.O.	SHBY FUNBOX 1260 Inde of dying, su	NERAL HOPFT. A	SHBY, W	V 26 arreat,	Approximate Interval Bets
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TO BE COMPLETED BY FUNERAL DIRECTOR.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF CATE OF		MENTAL HYGIEN REG. NO.	E 9	0 31866
1. DECEDENT'S NAME (First, Middle, 'sst)					2. DATE OF OEATH MONTH DA	NY YE	3. TIME OF OEATH
	Frederic Jo			1	NOV. 1 1994 10-		
4, SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign
283-07-6989 9a. FACILITY NAME (If not institution, give s	3.0	82 YRS.	SP CITY TOWN	OR LOCATION OF DI	Oct. 4, 19	9c, COUNTY	Ohio OF DEATH
			Silver				gomery
Holy Cross Hospi						TIOHUE	
10s. STATE 10b. COUNT	*		, TOWN OR LOC				10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER		Was	hington	of, ZIP CODE		10- CITIZEN	1 X YES 2 NO
1309 Floral Stree	ot Mu		1	37-1-1-1-1-1	012		ed States
1309 FIORAL SUPER	12. WAS DECEDENT EVER II	U.S. ARMEO	13, WAS OI		NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
1 Never Married 2 Married	FORCES? 1 V YES		if yee,		en, Puerto Rican, atc.)		Black, White, etc. Specify:
3 N Widowed 4 Divorced	WW						White
15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S I	ork done during r	TION nost of working	16b. KIND OF BUS	SINESS/INOUST	'RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	strator		Fin	ancial	
10 17. FATHER'S NAME (First, Middle, Lest)		Admithi	Strator	1	AME (First, Middle, Maiden		
John Learmonth				W = 200 = 100	Denison	Surrieme)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree		Route Number, City or Tow	n, State, Zip Co	de)
Robert T. Learmon	nth	1309 F	loral S	street, N	W, Washing	ton, Do	20012
20a, METHOD OF DISPOSITION 1 Durial 2 XCremation 3 Rem	200	PLACE OF DISPOS other place)	ITION (Nama of o	emetery, crematory or	20c. LO	CATION - City	or Town, State
4 Donation 5 Other (Specify)		Suburban		-		ver Spi	ring, Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	Funeral	Services,	P. A.	
- Cillen X	1. Kap	D					g, MD 20910
23. PART I. Enter the diseases, or							, Approximete
IMMEDIATE CAUSE (Finel	Liet only ona cause on e	ach line.	1				Interval Between Onset and Death
disease or condition resulting in death)	· Acut	T Ren	al o	aiture			1 wh
Access to the same	DUE/TO (OR AS	CONSEQUENCE OF	3: /	10	2		
Sequentially list conditions,	· Chron	ne a	enal	N use	Parl		485
If any, leading to immediate cause. Enter UNDERLYING	BA OUE TO (OR AS A	CONSEQUENCE OF)://	Hun	25/1		1 4
CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS	CONSEQUENCE OF	one on	117/	nogen	1	
resulting in death) LAST	4			800			
DART II Oshar dariklara aradıkt	u				I		
PART II. Other significent condition		//	41		Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Chronic Obsi	rucino pri	lmonar	2 done	lase	1 _ YES :	X MO	OF DEATH?
							1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26.	PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL:	nettent 3 / DOA	OTHER:	ome 5 - Residence			
27. MANNER OF DEATH	28a. OATE OF INJURY	28b, TIM	E OF 28c. I	NJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	IED
1 Netural 5 Pending Investigation	(Month, Day, Year)	INJ		VORK? YES 2 NO			
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, a	street, factory, of	fica	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
4 Homicide determined	building, are, tope	uiy)			City or lown, State		
29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	riedge, death occurre	ed at the time, d	ita and place, and du	a to the cause(a) and me	nner sa stated.	
torion only							ause(a) and menner as stated.
298. SIGNATURE AND BYLE OF CERTIFIE	OR /	/	2	29c. LICENSE NU	IMBER	29d. DATE, S	IGNED (Month, Day, Year)
HO 150	-	- MI)		05	-57	11/2	190
30. NAME AND ADDRESS OF PERSON W	100 17/1	0 /		111	on, md	,	/
K.T. BENACK		5 /8/10	DR.	Wheal	on, my	20906	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE TO	1.00				



FOR STATE REGISTRAR		STATE OF MARYL		RTMENT OF		MENTAL HYGIEN		01007
1. DECEDENT'S NAME (First	, Middle, Last)		OLITIII	IOAILO	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
Edith O	livia	Langlev				MONTH D	YEA	
4. SOCIAL SECURITY NUM			(In yrs. leat birthday)			7. DATE OF BIRTH (Month, Dey, Year)	0. Bi	RTHPLACE (State or Foreign puritry)
218-18-4882	1	□ M 2 ¬ F 82	YRS.	MONTHS DAYS	HOURS MIN.	03-24-08		Pa.
9a. FACILITY NAME (If not is	natitution, give stree	t and number)		9b. CITY, YOW	OR LOCATION OF		9c. COUNTY C	F DEATH
Solomons Nursi	ng Center			Prince F	rederick_		alvert	
10a. STATE	10b. COUNTY		10c. Cl	TY, TOWN OR LO	ATION			10d. INSIDE CITY
Md.	Calvert		Sold	omons				LIMITS?
10e. STREET AND NUMBER		TV T			IOI. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
P.O. Box 66					20688		LISA	
11. MARITAL STATUS	1:	2. WAS DECEDENT EVER I	N U.S. ARMED		ECENDENT OF HISPA	ANIC ORIGIN? (Specify Ye	s or No.— 14. F	IACE — American Indien, Black, White, etc.
1 Never Married 2 X		IF YES, GIVE WAR OR E	ATES		ES 2 NO Spec	can, Puarto Rican, etc.) effy:		Specify:
			X		X	The state of the state of		rite
(Specify on	Y highest grade cor	mpleted)	(Give kind of	S USUAL OCCUPA work done during use retired.)	most of working	16b. KIND OF BU	SINESS/INDUSTF	TY .
Grade 6	0-12)	College (1-4 or 5+)	Cook			Resta	urant	
17. FATNER'S NAME (First, A	Aiddle, Last)		0.00		18, MOTHER'S N	AME (First, Middle, Malder		
Edgar Clark	2				Trinit	ia Unknown		
19a, INFORMANT'S NAME (19b. MAILIN	G ADDRESS (Street	t and Number or Rura	I Route Number, City or Tox	vn, State, Zip Code)
James Lesli	e Langl	ey	P. O.	Box 66,	Solomon	s, Marylan	d 20688	
20a. METHOD OF DISPOSIT		al from State	b. PLACE OF DISPO	SITION (Name of	cemetery, crematory or	20c. L0	OCATION — City of	or Town, Stata
4 Donation 5 Othe		O1	ır Lady S	Star of	the Sea	Ch. Cem So.	lomons,	Maryland
21. SIGNATURE OF FUNERA	AL SERVICE LICEN	SEE		22. NAME Ralls	AND ADDRESS OF F	al Home. 4	405 Bro	omes Isl. Rd;
145	- DAT	-				c, Marylan		omed tot. May
23. PART I. Enter the c								Approximate
ahock, or t		it only one cause on a	ech line.					Interval Between Onset and Death
disease or condition	→ ∞	nont	abolic	alenar	male 7.	Severo re	nal A	27/1001
resulting in death)	8.	DUE TO (OR AS	A CONSEQUENCE	OF):		15000		mag 700.
Constant the Hot condition	. b.	mu/ti	A CONSEQUENCE	yelon	^a .			4 monts
Sequentially list condi- if any, leading to imme	diate	DUE TO (OR AS	A CONSEQUENCE (of:				
CAUSE (Disease or In)		0115 70 100 10						
that initiated events resulting in death) LAS	ST .	OUE TO (OR AS	A CONSEQUENCE (ur):				
	d.							
PART II. Other aignific	ant conditions	contributing to death	but not reauiting	in the underly	ing cause given i	n Part I. 24a. WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO
mye	lophth	itic aneu	ma, c	hranic	obstruc	X've 1 VES		COMPLETION OF CAUSE OF DEATH?
salmone	my di	sease. c	steppo	sizon	hyperte	nsion.		1 TES 2 NO
branch	o Espas	tic disea			/			
25. WAS CASE REFERRED ' EXAMINER?		OSPITAL:			PLACE OF DEATH (C	Check only one)		
1 YES 2 THO		☐ Inpetient 2 ☐ ER/Out	patient 3 DOA	OTHER:	ome 5 🗆 Rasidence	5 Cher (Specify)		
27. MANNER OF DEATN	D. ada.	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c.	NJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCURE	D
1 Natural 8 2 Accident	Pending Investigation				YES 2 NO			
3 Suicide 6 S	Could not be determined	28e. PLACE OF INJUR building, atc. (Spi	Y — At home, farm.	, street, factory, o	Yica	261. LOCATION (Street City or Town, State		ural Route Number,
29a. CERTIFIER						1		
(Check only		AN: To the best of my known on the basis of exemination						use(a) and manner as stated.
		On the been of attention	on arraror investigat	irvii, iri my opinioi				
296. SIGNATURE AND TITL	OF CENTIFIER	1 4		1	296. LICENSE N	(C)	29d. DATE BIO	INED (Month, Day, Hear)
30. NAME AND ADDRESS O	W PERSON WHO	COMPLETED CAUSE OF D	EATH HITH STORY	A Print	001	200	-///	04/10.
7	The state of the state of	11 7	4 . A	12014	11 11	, Λ,	D'I	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

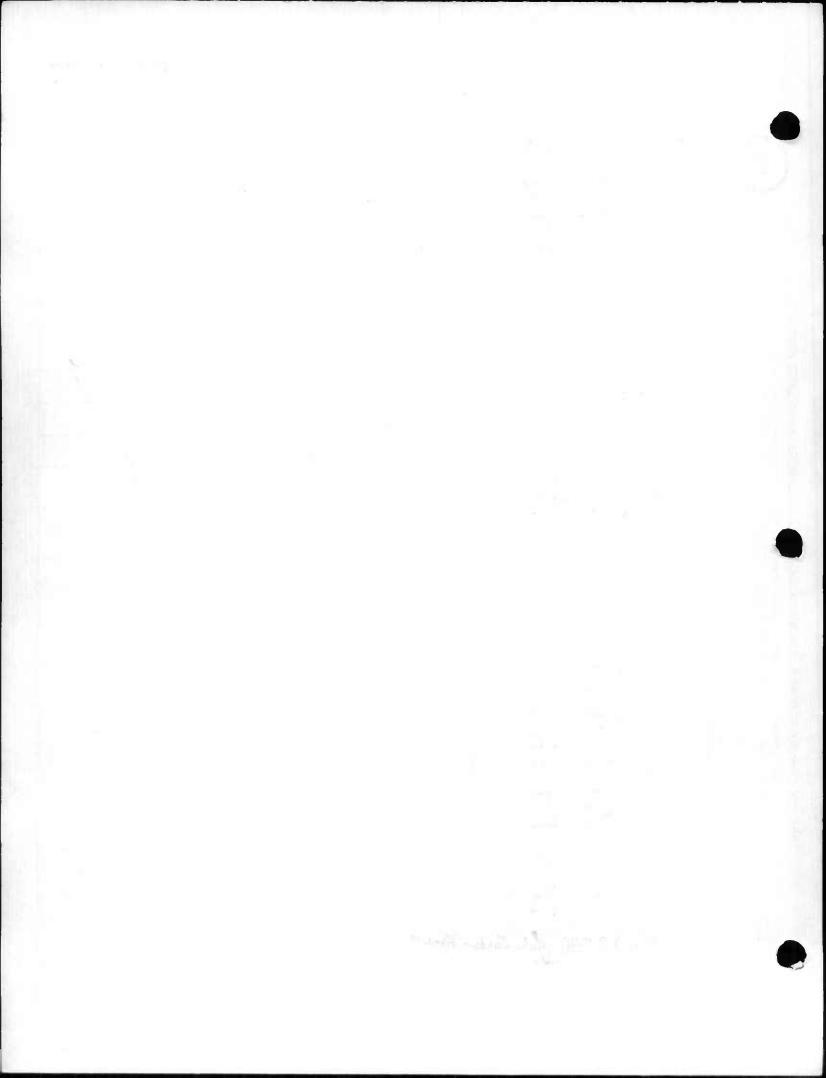
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four safer death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

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HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Fage of hay be retained by the hospital.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		ITANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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III MINI	mplete	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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TO THE HOSPITY
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IMPORTANT: 1

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Donald E. Dillon.

31. DATE FILED (Month, Day, Year)
NOV 0 7 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SIGNATURE

a

Julia Davidson Randoll

90 31868 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH JOAN LOMAX Nov. 1:00 P 990 7. DATE OF BIRTH (Month, Day, Year) 12-10-16 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS MIN OHIO 1 M 2 X F 73 294-07-8312 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 15113 Rosecroft Road Rockville Montgomery RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Montgomery 1 TY YES 2 | NO Rockville 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15113 Rosecroft Road 20853 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: . BY 3 Widowed 4 Divorced white ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) (Doctorate) COMPL 12 5+ Prof. Pol. Science College 17 FATHER'S NAME (First Middle Leet) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ralph George Crocker Catherine Rachel Smith 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 W. Richard Lomax 15113 Rosecroft Road, Rockville, MD 20853 20c, LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cornetory, crematory or Metropolitan Crematory Alexandria, VA 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF PUNERAL SERVICE LICENSES Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, 20904 Md. 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failura. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ocloric serous adenocarcinon resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Bowel obstruction, assistas AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 28a. DATE OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER

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(C 2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

2901 Olney-Sandy Spring Rd

013832

Olney, Md

DHMH-16 Rev 1/89

2 Dor 90

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns funds permit permit Pages 1, 2, 3 should be completely filled in by the funeral burns of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the funds of the page 1, 2, 3 should be completely filled in by the page 1, 2, 3 should be completely filled in by the page 1, 2, 3 should be completely filled in by the page 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
De lied within 12 flours after treatil with the case copy of regarding in months in your principles of the models examined must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- STATE REGISTRAR				CATE OF		7				
1. DECEDENT'S NAME (First, Middle, Lest) JOHN ALEX	ander	EN & ALEXANDER LEWIS					2. DATE OF DEATH DW/4/90ve			3. TIME OF DEATH7: 2
4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1 YEAR	HOURS MIN.	(Mont	OF BIRTH h, Day, Year)		Counti	
214-03-8630	1 M 2 - F	90	YRS.			AUG.	29,19	_		IRGINIA
9a. FACILITY NAME (If not institution, give					OR LOCATION OF D	EATN			NTY OF D	
WASHINGTON ADVI	ENTIST HO	SP'T.		TAK	OMA PARK			MO	NTGC	MERY
10a. STATE 10b. COUNT	TY		10c. CITY	, TOWN OR LOC	ATION					10d. INSIDE CITY
MD. MONTO	GOMERY			SILVER	SPRING					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				1	of. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
8859 PINEY BI	RANCH RD.				20903				U.S.	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S 1 YES 2 WAR OR DATES	₩ 00	If yes, s	CENDENT OF HISPAL pecify Cuban, Maxica S 2 NO Specifi	in, Puerto		or No—		E American Indien, k, White, etc. thy:
15. DECEDENT'S EDI (Specify only highest grad		16a	. DECEDENT'S	USUAL OCCUPAT	TION	168	. KIND OF BUS	BINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Itte. Do NOT us	e retired.)						
10			SUPER		NT		COL	ISTRU	KTIC	N
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
WILLIAM W.	LEWIS				WILLIE	7 2	AUGHN	RAM	SEY	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS (Street	and Number or Rural		ber, City or Tow	n, State, Zij	p Code)	
MILDRED J.	LEWIS		SA		ITEM #	LO				
20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Removal from State			PLACE OF DISPOSITION (Name of cemetery, crematory or ther place)				20c, LO	CATION —	City or To	own, State
4 Donation 5 Other (Specify)			CHAMBERS CREMATORY			RIVERDALE, MD.				
			CHAPID.				di bala I		3-	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /		CHAMD.		AND ADDRESS OF FA	CILITY	2.525			
	complications th		MOOO9	22. NAME	and address of fa	RS CC	o. INC.	, SI	LVEF	20910 R SPRING, MI Approximete Interval Between
21. SIGNATURE OF FUNERAL SERVICE L	complications th	PNEUMO	MOOO9	22. NAME. W. W. W. ot enter the m.	AND ADDRESS OF FA	RS CC	o. INC.	, SI	LVEF	20910 R SPRING, MI Approximete Interval Between
23. PART I. Enter the diseases, prehock, or heert fellure IMMEDIATE CAUSE (Final disease or condition	complications the . List only one case. DUE TO DUE TO C.	O (OR AS A CO)	MOOO9 e death. Do n	22. NAME 1 W. W ot enter the m C) A D: SEPSI	AND ADDRESS OF FA	RS CC	O. INC.	, SI	LVEF	20910 R SPRING, MI Approximete Interval Between
23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events	complications the List only one can be DUE TO DUE TO DUE TO DUE TO d.	D (OR AS A COL	MOOO9 e death. Do n ilne. NIA INSEQUENCE OF	22. NAME W. W ot enter the m C) A D: SEPSI	CHAMBEI Ode of dying, aud S RENAL F	RS CC	O. INC.	AUTOPSY	LVEF	20910 SPRING, MI
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23. PART I. Enter the diseases, Dr. shock, or heert fellure immediate. Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATN 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be detarmined.	complications the List only one cases. DUE TO DUE	D (OR AS A CO) O (OR AS A CO)	MOOO9 e death. Do n line. NIA NSEQUENCE OF NSEQUENCE OF NSEQUENCE OF NSEQUENCE OF ATT 3 DOA 28b. TIM INJ At home, farm, to	22. NAME. W. W. W. W. W. W. W. W. W. W. W. W. W. W	AND ADDRESS OF FA	Part I. S Oth 2st. LO	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED?	241 CCURED or or Rural	Approximete Interval Between Onset and Daeth O

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall.

· · ·

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	-3146	(
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	ding physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 mount has fined within 72 hours after death with the State Dect. of Health and Mental Hypiene prior to burial, cremation, or removal.	the burial-transit permit, Pages 1, 2, 3	P
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)

		ATE OF DEATH	REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) LEON HART		2. DATE OF GEATH MONTH - DAY	- dyn	3. TIME OF DEATH 3. 52/A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-5-1899	Counti	IPLACE (State or Foreign ny) nsvlvania
OR	Laurel Beltsville Hospital	b. CITY, TOWN OR LOCATION OF DEA	ATH 9c	c. COUNTY OF D	
FUNERAL DIRECTOR	Maryland _	rown or Location	-		10d. INSIDE CITY LIMITS? VES 2 NO
ERAL	100. STREET AND NUMBER 806 Kay Court	101. ZIP CODE 20707	10		d States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XX/Idowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 X TONO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Maxicar 1 YES 2 NO Specify.	, Puarto Rican, atc.)	No— 14. RACI Blaci Spec	E — American Indian, k, Whita, etc. #y: White
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5 +) 1 Z Years Housewi	k done during most of working etired.)	16b. KIND OF BUSINE	ESS/INDUSTRY	
E COMF	17. FATHER'S NAME (First, Middle, Lest) John Treible		ME (First, Middle, Maiden Surr Satterthwa		
TO BE		ODRESS (Street and Number or Rural R 35th Avenue	oute Number City or Town, S Beltsville,		nd 20705
	20a METHOO OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	ON (Name of cometery, crematory or ill Cemetery	20c. LOCAT	ion - city or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC BOTGWATCH FU 4400 Powder Mi	ineral Home, 11 Rd. Belt	P.A.	Md. 20705
	23. PART I. Enter the diseases, or complications that caused the death. Do not abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	* **			Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in MIELO PART II. FERHTIVE ALSOADER, RE	the underlying cause given in NAL DNS/FFIC	Pert I. 24a. WAS AN AUTPERFORME 1 VES 2	D?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH (Chi			
Y PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 28a. OATE OF INJURY (Month, Day, Year) 29b. TIME (INJURY)	OF 28c, INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJU	URY OCCUREO	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	eet, factory, office	281, LOCATION (Street and City or Town, State)	Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,				a) and manner as stated.
TO BE C	20b. India time of Centifier	29c, LICENSE NUN	35 21	M. DATE SIGNED	D (Month, Day, Year)
-	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1700, PI	GEORBE S	T		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 07 90 Suria Davidson-Rand	1082			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x frouts after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist errors permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MAR	YLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN	E
	CE	ERTIFICATE	0	F DEAT	ГН		REG. NO.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH		
	SUSAN	CORBIN	Li11	listor	,	November		16:30 P. M		
- 1	4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bi	RTHPLACE (State or Foreign		
١	98. FACILITY NAME (If not institution, give s		32 YRS.		LOCATION OF OE	(Month, Day, Year) 9/3/58	9c. COUNTY O	Virginia		
60	PENINSULA GENERAL RESIDENCE OF DECEDENT			SALISBU		AIII	WICON			
DIRECTOR	10a. STATE 10b. COUNT	Υ		OWN OR LOCATIO	N			10d. INSIDE CITY LIMITS?		
	Virginia Acco	omack	<u>I Unar</u>	cock	ZIP CODE		10a CITIZEN (1X YES 2 NO		
FUNERAL	25 North Stre	et		101, 2	23417		USA	F WHAT COONTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes, spec		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		ACE — American Indian, Hack, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most	of working	16b, KIND OF BUS	SINESS/INDUSTR	Y		
ا ج	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Sales	,		Petro	leum			
∑	17. FATHER'S NAME (First, Middle, Last)		54165		18. MOTHER'S NA	ME (First, Middle, Malden				
	Stephen (NMN)	Corbin In				eth Richar				
BE	19a. INFORMANT'S NAME (Type/Print)	COLDING OF		ORESS (Street and		Route Number, City or Tow)		
٩	Albert Lee Li	lliston, Sr.	25	North S	Street,	Onancock,	Virgini	ia 23417		
	20e, METHOD OF DISPOSITION 10 Buriel 2 Cremetton 3 Rem	200	o. PLACE OF DISPOSITION Other place)				CATION — City of			
	4 Donation & Other (Specify)	TOWN STATE	Fairview	Lawn Ce	emetery	On	ancock	Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /////	22. NAME AND ADDRESS OF FACILITY Williams-Parksley Funer Pt #176 Parksley VA							
	23. PART I. Enter the diseases, or			enter the mod	e of dying, auci	h ae cerdiec or respi	ratory srrest,	Approximate		
	IMMEDIATE CAUSE (Finel disease or condition	e. Carcine		me Co	100			Interval Between Onset end Death		
	resulting in deeth)	DUE TO (OR AS /	CONSEQUENCE OF):							
NO	Sequentially liet conditions,	b	CONSEQUENCE OF):							
Ă	If any, leading to immediate cause. Enter UNDERLYING	00E 10 (0N AS /	CONSCOUENCE OF).							
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS /	CONSEQUENCE OF):							
	PART II. Other aignificant condition	ne contributing to death t	out not resulting in t	the underlying	csuee given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ						-		1 1 125 2 1 110		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL/	CE OF DEATH (Ch	eck only one)				
Sic	EXAMINER?	HOSPITAL:		THER:	5 Residence	6 Other (Specify)				
H	27. MANNER OF DEATH	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJU	RY AT	28d. DESCRIBE HOW	NJURY OCCURE	0		
BY	1 Naturel 5 Pending 2 Accident Investigation			M 1 Y	ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, farm, stre	et, factory, office		28t, LOCATION (Street City or Town, State)		ural Route Number,		
COMPLETED	cons)	BICIAN: To the best of my know IER: On the basis of examination						use(a) and menner as stated.		
Ŭ U	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI	MBER	29d. OATE SIG	NED (Month, Day, Year)		
0	() C.	/aut.	, M.O.		0300	590	11/	3/90		
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE			Ur C.	10 7	1801			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR/S SIGI	Sort fandell		7,		0-/			
5	NOV 07'90	guna vaire	N301 0-1 (2.10							

Baby

4 SOCIAL SECURITY NUMBER

Girl

Minor

5. SEX

10-30-90

3. TIME OF DEATH

6:30

PM

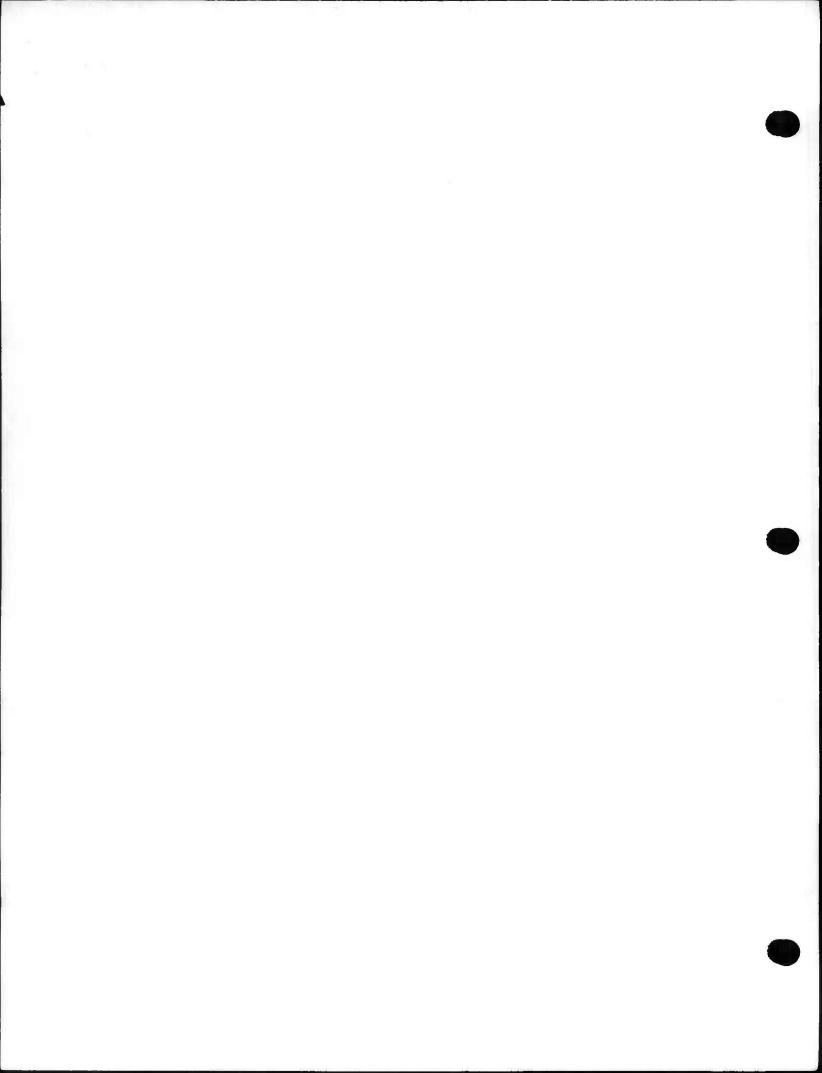
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit a	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the second s
IR ATTENDING PHYSICIAN:	IRECTOR: After this certific	ours after death with the Si	
AL C	0 7	2 元	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 - M 2 K F VDC 6 10-30-90 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince George's Hospital Center Prince George's Cheverly 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Chapel Oaks Maryland 1 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5111 Addison Road 20743 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Divorced Black COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 186. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 8+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Cilicia Mekee BE Minor 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Addison Road Chapel MD 20743 Oaks, e 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State RVICE LICEN 22. NAME_AND ADDRESS OF FACILITY /23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel 9 disease or condition_ Cardio respirator arrest resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Extreme prematun't CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO amy COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 3 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item HOSPITAL: OTHER: 1 YES 2 NO Inpetiant 2 - ER/Outpetient 3 - DOA 4 Nursing Home 8 Residence 6 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, Natural 2 Accident 8 Pending Investige 1 YES 2 NO æ 28e. PLACE OF INJURY — At huilding, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town: State) 3 Suicide 28 is 1 ETED. 8 Could not be determined 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. COMPL (Check only one) IMPORTANT: IL 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 富計芸 39 NO 23 2 30. NAME AND AGORESS OF PERSON LETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAMPSON SAR PONG PG General Hospita 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Sandara Romana 1 9



1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

FUNERAL DIRECTOR

BY

COMPLETED

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To notified

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examiner must

medical

CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	one med within 12 inclus aren death with the class copy, or resent and mental system provide commons, commons, in item 28 is marked, or item 23 shows any injury, or other traumatic event, the
5. 7. 6	e death cent	the attending	jury, or of
Suco.	uires that th	signed by t	ws any in
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2 2	PHYSICIAN:	this certification	rked, or it
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(Specify only highest grade completed) Elementary/Secondary (0-12) 10 Laborer Construction 10. MOTHER'S NAME (First, Middle, Last) Lucille Farrell 10. MOTHER'S NAME (First, Middle, Maiden Surname) Future McKnight Lucille Farrell 10. MOTHER'S NAME (First, Middle, Maiden Surname) Future McKnight Lucille Farrell 10. MAILING ADDRESS (Street end Number or Rural Route Number, City or Rown, State, Zip Code) 3 Brown Street Thomasville, North Carolina 2 20a. METHOD OF DISPOSITION 10 Clemation 3 Removal from State 11 Clemation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service 23. PART I. Enter the diseases, or complications that ceused the desth. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Approximation Approximati	
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> michael V. margullo 3981 Carrollton Road Upperco Maryland 23. PART I. Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximately 1.	Ce
23. PART i. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approxi	
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DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	
CAUSE (Disease or Injury that initiated events resulting in death) LAST	

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only EXAMINER? HOSPITAL: OTHER No SUN nt 2 ER/Outpatient 3 DOA 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 11-4-90 28c. INJURY AT WORK?
1 YES XX NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Subject struck head 5 Pending 2 [Accident 201. LOCATION (Street and Number or Aural Route Number.
918 Webster Court, Baltimore, MD 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 4 | Ho Home

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one) MEDICAL EXAMINER: On the basic of examination and/or investigat		
20b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER OCME	29d. DATE SIGNED (Month, Day, Year) 11-5-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, MD 21201

OCME

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE '90 gretia Davidson-Randall

DONALD WRIGHT, MD

VC

31873

3. TIME OF DEATH

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

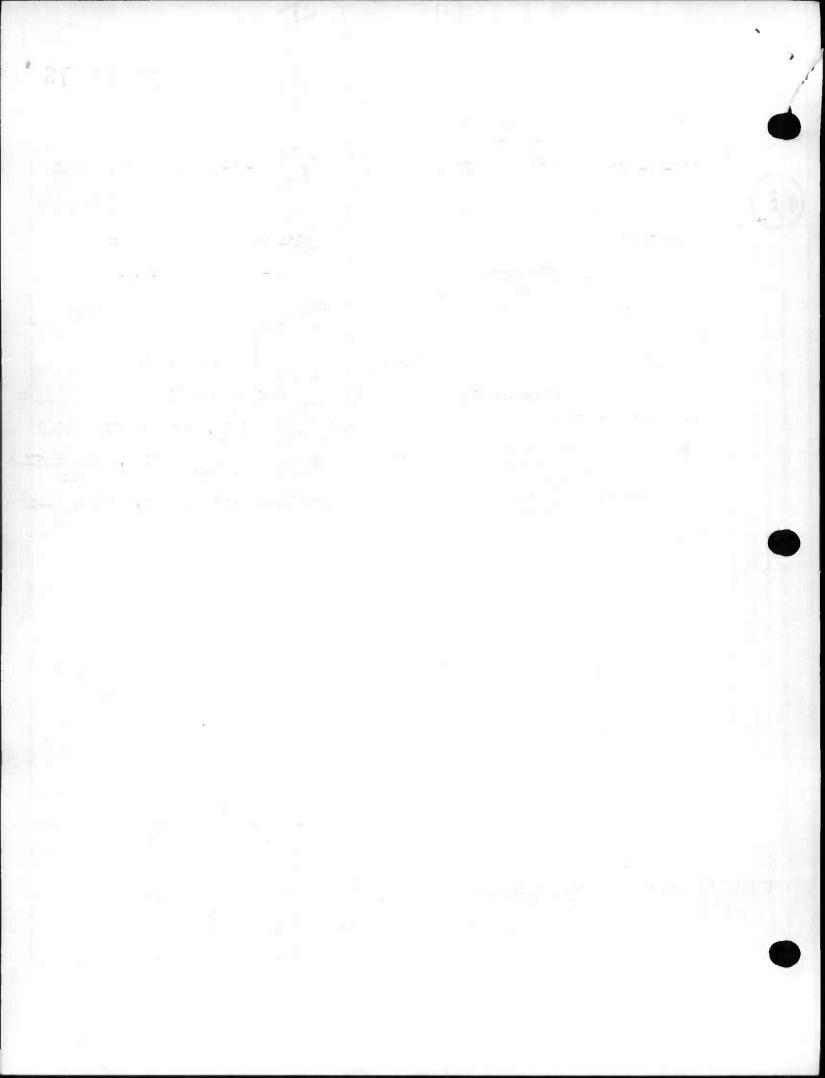
24a. WAS AN AUTOPSY PERFORMED?

YES 2 NO

90

YEAR

2. DATE OF DEATH



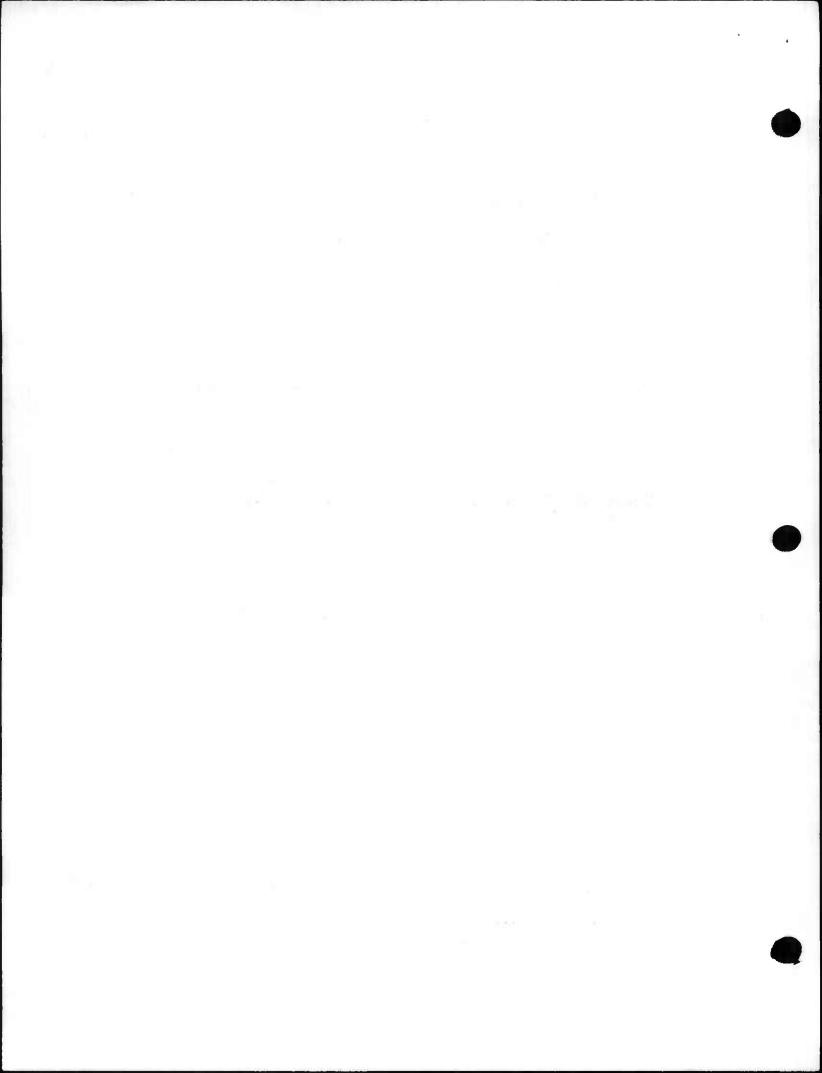
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPART					MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last	Stanley		Masiel	.ay				2. DATE OF DEATH NONTH 10-12-90	1	YEAR	3. TIME OF DEATH 6:45 p.m
4. SOCIAL SECURITY NUMBER 221-01-6080	5, SEX 1 ∑ M 2 ☐ F	6. AGE (In yrs. 73			DAYS .	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 22, 1990		Country	DE
9a. FACILITY NAME (If not institution, give				вь. city, Elk	town on		N OF DE	ATH		eci]	
10e. STATE 10b. COUN	ecil		1.000	, town of arlev							10d. INSIDE CITY LIMITS? 1. YES 2 NO
10e. STREET AND NUMBER 26 Georgia Ave 11. Marital Status 1 Never Married 2 Fil Married	e.				1	1919)		10g. CITIZ	US/	HAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2		H	yes, spec		, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No-	14. RACE Black Specifi	- American Indian, White, etc.
15. DECEDENT'S EI (Specify only highest gre Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)			DECEDENT'S (Give kind of willing Do NOT us) Togg	rork done di e retired.)	CUPATION uring most	of working		16b. KIND OF BUS Allied ME (First, Middle, Maiden 3	Kid		oany
19a INFORMANT'S NAME (Type/Print)		-1	19b. MAILING	ADDRESS	(Street end	Ther	esa	Zdanewicz Route Number, City or Town		Code)	
Mary E. Masie	lay	$\overline{}$	same	e as	abov	'e					
264METHOD OF DISPOSITION 1	moval from State		CE OF DISPOS r place)	acela	wn (lemet	ery	Wi	lming		
21. SIGNATURE OF FUNERAL SERVICE	Fello	ws		Fe	llov		mer	al Home t., Cecilt	on,M	0 219	913
shock, of heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	ON AS A COM	HEIGUENCE OF	Silver	fr.	fer tero	A.	ien u.g			Interval Between Onset and Death
PART II, Other significant conditions of the condition of	ons contributing to	death but n	ot resulting i	n tha un	dariying	ceuse g	iven in	Part I. 24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	1:			eck only one)			
III I Restorat 5 Periotral	1 Inpatient 2 28s. DATE OF (Month, D	INJURY	28b. TIM	_	28c. INJU WOF	RY AT		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OC	CURED	
2 Devicte	28e. PLACE O building,	F INJURY — A etc. (Specify)	t home, farm,	street, facto	ory, office			261. LOCATION (Street a City or Town, State)	and Number	or Rural I	Route Number,
Check only								to the cause(s) and mar) and menner ee stated.
296. SIGNATURE AND TITLE OF CERTIF	a a	BE OF DEATH	(ITISM 27) (Typ6	MO Print)	2	29c. LICE	259	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
Barbara A. Pa	rey, M.D.	Ceci.	L'/Kent	Heal	th (ente	er,	Cecilton,M	D 219	913	



examiner must be notified at once.

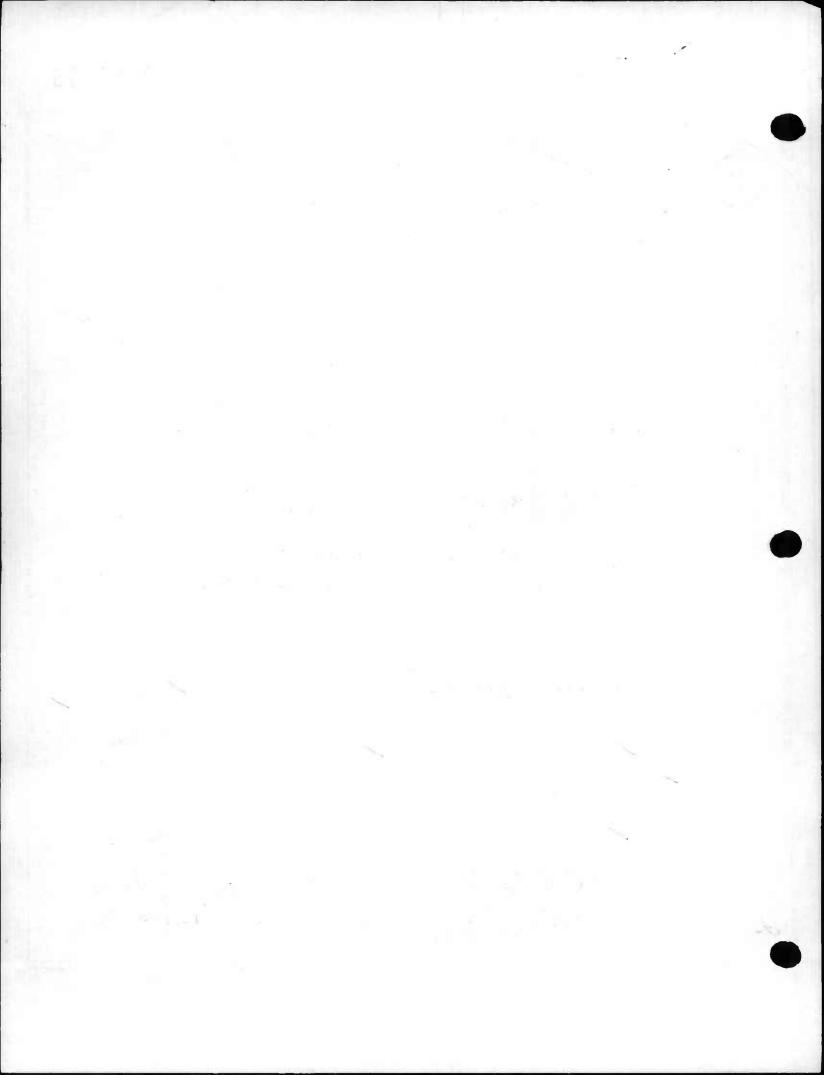
BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT If Item 28 is marked or liem 23 shows any injury or other traumatic event, the medical
2	2	2	3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Frances Long Meconi 4. SOCIAL SECURITY NUMBER 2. 1 - 52 - 1824 5. SEX 1 - M 2 M F 8. S YRS. 8. SYRS. 9. FACILITY NAME (if not institution, give street and number) 9. FACILITY NAME (if not institution, give street and number) 9. FACILITY NAME (if not institution, give street and number) 9. FACILITY NAME (if not institution, give street and number) 9. CITY, TOWN OR LOCATION OR ALL AND ALL AND OR ALL AND ALL AND OR ALL AND ALL AND OR ALL AND ALL AND ALL AND ALL AND ALL AND ALL AND OR ALL AND ALL	Home First, Middle, Maiden Surname) Layman Number, City or Rown, State, Zip Code) land, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	city indien,
4. SOCIAL SECURITY NUMBER 5. SEX 1	B. BIRTHPLACE (Siete of Country) 11-22-1904 B. BIRTHPLACE (Siete of Country) Maryland 9c. COUNTY OF DEATH Garrett 10d. INSIDE of LIMITS? 1 [X YES 2] 10g. CITIZEN OF WHAT COUNTRY USA RIGIN? (Specify Yee or No— Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY HOME First, Middle, Maiden Surname) Layman Number, City or Town, State, Zip Code) 1 and, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	CITY L NO Indien,
Dennett Rd. Manor Nursing Home Oakland Description of Decedent Dennett Rd. Manor Nursing Home Oakland Description of Decedent Description of	Pic. COUNTY OF DEATH Garrett 10d. INSIDE C LIMITS? 1 XYES 2 10g. CITIZEN OF WHAT COUNTRY USA RIGIN? (Specify Yee or No— 14. RACE — American I Black, White, etc. Specify: Whit 16b. KIND OF BUSINESS/INDUSTRY Home First, Middle, Meiden Sumarne) Layman Number, City or Town, State, Zip Code) 1 and, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	corry No No No Indian,
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10b. COUNTY 10b. COUNTY 10c. CITY, TOWN OR LOCATION	Ind. Inside CLIMITS? 1 [X YES 2] 10g. CITIZEN OF WHAT COUNTRY USA RIGIN? (Specify Yes or No— 14. RACE — American is Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY HOME First, Mickille, Maiden Surname) Layman Number, City or Town, State, Zip Code) 1 and, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	NO NO NY?
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Allegany Cumberland No. STREET AND NUMBER 316 Furnace Street 21502 MARITAL STATUS Never Merried Never Merried No. Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO If YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC OF If yee, apecify Guban, Mexican, Put 1 YES 2 TNO Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Sive kind of work done during most of working like. Do NOT use retired.) 16. DECEDENT'S USUAL OCCUPATION (Sive kind of work done during most of working like. Do NOT use retired.) HOUSEWIFE 18. MOTHER'S NAME (First, Middle, Last) James O. Long Nellie Nellie Nellie Nellie Mrs. Gloria Mathews Rd. 3 Box 122 Cumber Ne. METHOO OF DISPOSITION Donation 5 Other (Specify) St. Mary 's Cemetery Leasure-Stein Cumberland, Md 3. PART I. Enter the diseasea, or complication that caused tha deeth. Do not enter the mode of dying, such as ahock, or heart failure. List pnly one cause on eech line.	I I I I I I I I I I I I I I I I I I I	NO NO INTO
101. ZIP CODE 21502 21502 316 Furnace Street 21502 316 Furnace Street 21502 316 Furnace Street 316 Furnace Street 318. Was decembent of hispanic of forces? 1 Yes 2 X NO If Yes, apecity cuban, Maxican, Pue 1 Yes, apecity cuban, Maxican, Pue 1 Yes, apecity cuban, Maxican, Pue 1 Yes 2 X NO If Yes, apecity cuban, Maxican, Pue 1 Yes 2 X NO If Yes, apecity cuban, Maxican, Pue 1 Yes 2 X NO If Yes 2 X NO If Yes 2 X NO If Yes 2 X NO If Yes 2 X NO Specify: December's Education 16e. December's usual cocumant of working life. Do NOT use retired.) Housewife Nother's Name (First, Middle, Last) Housewife Nellie Ne	Ing. CITIZEN OF WHAT COUNTRY USA RIGIN? (Specify Yee or No— In RACE — American is Black, White, etc.) Specify: White Index Kind of Business/Industry Home First, Middle, Melden Surname) Layman Number, City or Town, State, Zip Code) I and, Md. 21502 20c. Location — City or Town, State Cumberland, Mary	indien,
MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC OF IF YES, GIVE WAR OR DATES 14. YES 2 X NO IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest gradic completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housewife	RIGIN? (Specify Yee or No— la. RACE — American I Black, White, etc.) 14. RACE — American I Black, White, etc. Specify: White lab. KIND OF BUSINESS/INDUSTRY Home First, Middle, Maiden Surname) Layman Number, City or Town, State, Zip Code) land, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	te
Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, apecify Quban, Mexican, Pue 1 YES 2 NO No YES 2 NO YES	Specify: White teles. Kind of Business/Industry Home First, Middle, Melden Surname) Layman Number, City or Town, State, Zip Code) land, Md. 21502 20c. Location — City or Town, State Cumberland, Mary	te
Widowed 4 Divorced If YES, GIVE WAR OR DATES 1 YES 2 SNO Specify:	Specify: White teles. Kind of Business/Industry Home First, Middle, Melden Surname) Layman Number, City or Town, State, Zip Code) land, Md. 21502 20c. Location — City or Town, State Cumberland, Mary	te
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Glock kind of work done during most of working life. Do NOT use retired.) 12 HOUSEWIFE	Home First, Middle, Melden Surname) Layman Number, City or Town, State, Zip Code) land, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	
(Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) Housewife 18. MOTHER'S NAME (First, Middle, Last) James O. Long Nellie Nellie Nellie Rd. 3 Box 122 Cumber Rd. 3 Box 122 Cumber Se. METHOO OF DISPOSITION St. Burlet 2 Cremetion 3 Removal from State Donation 5 Other (Specify) St. Mary's Cemetery 18. MOTHER'S NAME (First, Middle, Last) Nellie Nellie Rd. 3 Box 122 Cumber Rd. 3 Box 122 Cumber St. Mary's Cemetery cremetory or other place) St. Mary's Cemetery Leasure-Stein Cumberland, Md. 19. PART I. Enter the diseasea, or complicational that caused the deeth. Do not enter the mode of dying, such as ahock, or heart failure. List only one cause on each line.	Home First, Middle, Malden Surname) Layman Number, City or Town, State, Zip Code) Land, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	
Housewife 12 Housewife 16. Mother's Name (First, Middle, Last) 16. Mother's Name (First, Middle, Last) 16. Mother's Name (First, Middle, Last) 16. Mother's Name (First, Middle, Last) Nellie Ne	First, Middle, Melden Surname) Layman Number, City or Town, State, Zip Code) Land, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	
James O. Long Nellie	Layman Number, City or Town, State, Zip Code) land, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	
James O. Long Nellie Nellie Nellie Nellie Nellie Nes. Gloria Mathews New Mathematical Mat	Layman Number, City or Town, State, Zip Code) land, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	
INFORMANT'S NAME (Type/Print) Mrs. Gloria Mathews Rd. 3 Box 122 Cumber Rd. 4 Box 12 Cumber Rd.	Number, City or Town, State, Zip Code) land, Md. 21502 20c. LOCATION — City or Town, State Cumberland, Mary	
20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Donation 5 Other (Specify) St. Mary's Cemetery St. Mary's Cemetery 22. NAME AND ADDRESS OF FACILITY Leasure—Stein Cumberland, Md 3. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as abock, or heart failure. List only one cause on each line.	20c. LOCATION — City or Town, State Cumberland, Mary	
St. Mary's Cemetery St. Mary's Cemetery St. Mary's Cemetery St. Mary's Cemetery St. Mary's Cemetery Leasure-Stein Cumberland, Md PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as abook, or heart failure. List only one cause on each line.	Cumberland, Mary	
Donation 5 Other (Specify) St. Mary's Cemetery St. Mary's Cemetery 22. NAME AND ADDRESS OF FACILITY Leasure—Stein Cumberland, Md Can be a shock, or heart failure. List only one cause on each line.	Υ	
Leasure-Stein Cumberland, Md 3. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line.		ylar
3. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line.		~ 7\T
 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as abook, or heart failure. List only one cause on each line. 	•	e Av
issues or or condition a. Cardio fulmonary and to be uniting in death) Due to (or as a consequence of): Athros clintic cardiovas cular discussions. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST ACCURATE CARD FULMONARY CARD OF CARD O	isease	
MOT II Observed and the second		
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part ORGANIC Drain Syndrome	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPS ANALABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE
5. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check or	only one)	
EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8	Other (Specify)	
7. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d.	d. DESCRIBE HOW INJURY OCCURED	
1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation		
	I, LOCATION (Street and Number or Rural Route Number, City or Town, State)	
(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time,		as stated.
Don all K. Richtm 200. LICENSE NUMBER DE 30035	MD 11/6/90	Year)
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) RT # 1 BOX 34873 8 AKCAND MD DOWAL	D Richter MD	



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

4 Homicide

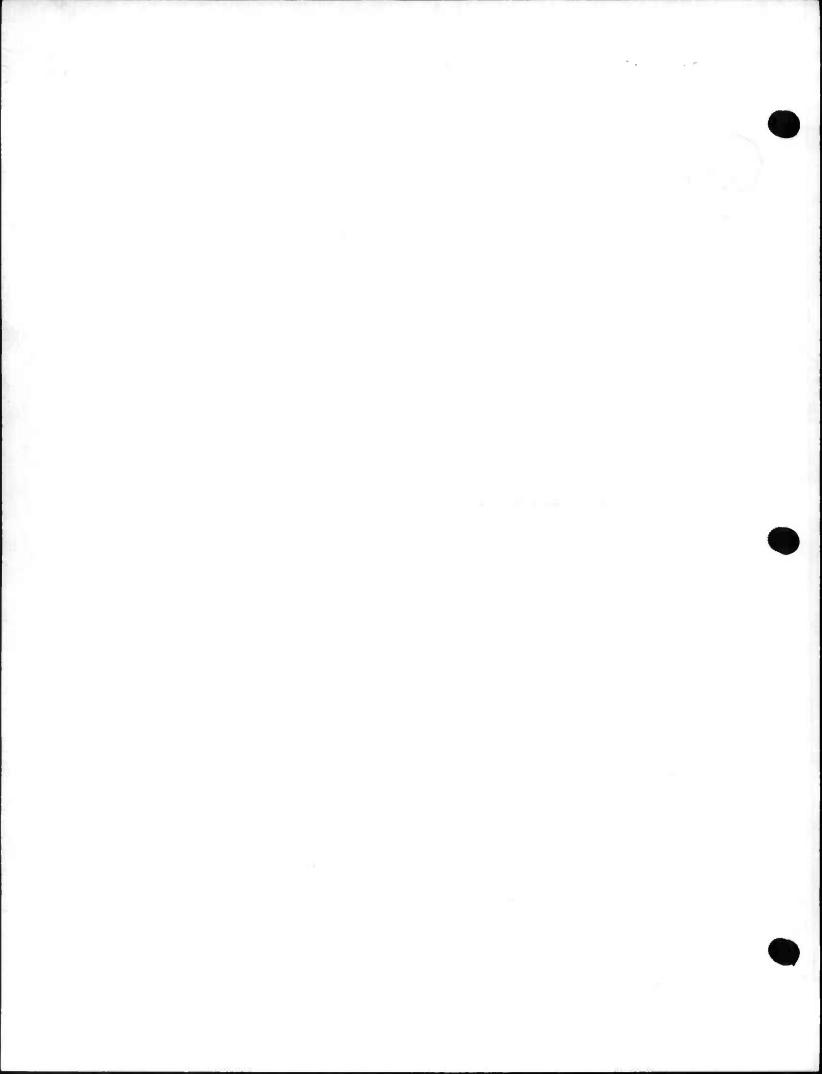
1 - STATE REGISTRAR		STATE OF I	MARYLA				T OF H			MENTA	REG. NO.	_				
1. DECEDENT'S NAME (First	, Middle, Last)									2. DATE	OF DEATH			3. TIME OF	DEATH	
		TEMPEST	r	L.		MAR	TTN			NONT	vember	3 1	YEAR OOO	7:4	15 n	м
4, SOCIAL SECURITY NUMBER	BER	5. SEX	_		t birthday)		R 1 YEAR	IE IMDE	R 24 HRS.	-	OF BIRTH	,,1		IPLACE (State	. F	-
		1 M 2/CNF	80		YRS.	MONTHS	-	HOURS	MIN.	(Monti	h, Day. Year)		Count	ry)		
215-26-936		111			1110.						-14-10		WES	IVIR	GINI	A
9a. FACILITY NAME (If not in			_			96. CIT	Y, TOWN C									
		L Hospita	11					Cum	ber1	and			Alle	gany		
RESIDENCE OF DEC	10b. COUNTY	1			10c. CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE	CITY	
MARYLAND		EGANY					RLAI							LIMITS	?	
10e. STREET AND NUMBER		LUANY	-		Lu	MDE		ZIP COE	NP.			40- 607	TEN OF	1 X YES		_
							101	. ZIP COL	/E			10g. CI1	IZEN OF	WHAT COUNT	HTT	
1000 OLDT	OWN R							215					SA			
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN				13					N? (Specify Yes Ricen, etc.)	or No-	14. RAC Blac	E — America: k, White, atc.	Indian,	
3 Wildowed 4 Divo		IF YES, GIVE					1 TYES	2 X NO	Specif	y:			Spec			
				- 110	00009011	100000	Tead	111		100		u = printica	2017 2 W.	WHI	LE	_
	EDENT'S EDU ly highest grade			(G)		work done	during mo		ing	160	, KIND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)					,		- 1						
		1		X - I	RAY	lec	hnie	· ·	_		RADIO		y			
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)																
WILLIAM A	WILLIAM A.C. WELCH AUGUSTA LIKINS															
19a. INFORMANT'S NAME (198	b. MAILING	ADDRE	SS (Street a	and Numbe	er or Rural	Route Num	ber, City or Tow	n, State, Zi	ip Code)			
JOSEPH W.	MART	IN		1	P.O.	BO	X 12	26 -	- MO	RGAN	NTOWN	WV	2	6505		
20s. METHOD OF DISPOSIT		84-4-	20b.	PLACE other pla	OF DISPO	SITION (Name of ce	metery, cre	matory or		20c. LO	CATION -	City or T	own, Stata		
	↑ Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) — FT. ASHBU CEMETERU FT. ASHBU, WV															
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE					NAME A						CERTIFIC S			
- Colond	49/	ochine	1			P	0.1	3OX	126	UNE I 0 - F 1	RAL HO	ЭМЕ, ЗУ,	WV	2671	9	
23. PART i. Enter the						not anti	r the mo	da of d	ying, aud	h as cen	diac or reap	iratory s	rrest,	Appr	oximata	
11		List only one ca											,	Onse	val Betwe	
iMMEDIATE CAUSE (Fi disease or condition	nei	P. 1	-4- 4	200	4.1	2	ne l	la li	SYM	/	Fan C	7	2.00			
resulting in death)	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Finel disease or condition and the cause of						_									
		C	74 6	()	K.C.	/	1.0	1	-Fa	7114				i		
Sequentielly list condi-	tions,	b. Olle TV	IOR AS A	CONSE	OHENCE !	/ MEN-	0		100	Luce	<u> </u>					_
if any, leading to imme	diata	0	111	ארלו	1 (0	1	1111	10	21	20	MAG			İ		
CAUSE (Disease or Inju	ury		OR AS A					7		4-0				-i		
that initiated events resulting in death) LAS	ST.	DOE IC	A GA NO)	CONSE	GOENCE C	/r j.								j		
		d												- i -		
PART II. Other signific	ent condition	na contributing to	death b	ut not i	resulting	in the	underlyin	g cause	given in	Part I.	24a, WAS AN		24	b. WERE AUTO	PSY FINDIN	IGS
											PERFO			COMPLETIO		E
-										_	1 🗆 YES	2 M		OF DEATH?		
											ŀ			1 TYES	2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:				отн		LACE OF	OEATH (C	heck only o	ne)					_
1 TYES 2 NO		1 Impatient 2		etient 3	DOA		ursing Hor		Residence		er (Specify)					
27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)		28b. TII	ME OF	28c. IN	JURY AT ORK?		28d. DE	SCRIBE HOW	INJURY O	CCURED	-		
1 X Natural 5 2 Accident	Pending Investigation	100000	525 736			М		YES 2	□ NO							
a 🗆 autiti	Could not be	28e. PLACE building	OF INJURY	— At he	ome, farm,	street, f	ectory, offi	ca		281. LO	CATION (Street or Town, State	and Numb	er or Rural	Route Numbe	r.	

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 14865

Barrera-Memorial Hospital Medical Building-Cumberland, MD 21502 Robustiano

8 Could not be determined

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attending	se as the	1
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hasting a should be detached for use as the hasting and Mental Horiene prior to burial, cremation, or removal.	4
by the !	be deta	at onc
retained	5 should	notified
may be	or, page	ust be
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ter death	the fune	а ехаш
nours at	led in by	medic
within 24	pletely fill cremation	rent, the
paecuted	and com	natic ev
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ath certif	ttending tal Hvoier	, or oth
at the de	by the a	y Injury
quires th	on signed	nows an
he law re	e Deot.	m 23 sl
SICIAN: T	certificate the Stat	, or ite
ING PHYS	offer this	marked
ATTEND	ECTOR: A	m 28 ls
PITAL DR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnity and within 72 hours after death with the State Dect, or Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOS	THE FUNI	ORTAN
2	22	E

STATE OF MARYLAND / DEPART	TMENT OF I	HEALTH AND	MENTAL	HYGIENE
CERTIFI	CATE OF	DEATH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE G. NO.				
1. DECEDENT'S NAME (First, Midd SUSAN	ETTABELLE	мсвут				LO 90	YEAR (TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 216-22-8570 9a. FACILITY NAME (If not institution)	1 🗆 M 2 🖄 F	62 YRS. MC	NTHE DAYS	HOURE MIN.	7. DATE OF BIF (Month, Day, 0 9 - 2 6	5-28 A	B. BIRTHPLAC Country) MARYL			
SACRED HEA			CUMB	ERLAND,			LLEGA	NY		
MARULAND 10b.	ALLEGANY		BERLAN	1D		10				
100. STREET AND NUMBER ROUTE 5, BO.	X 335-N		101.	21502		10g. CITIZ		OF WHAT COUNTRY?		
3X□XWIdowed 4 □ Divorced	12. WAS DECEDENT EVER I	2 NO	If yes, spe		n, Puerto Rican,	C ORIGIN? (Specify Yee or No.— 14. RACE — Black, WI				
	T'S EDUCATION est grade completed) College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of work life, Do NOT use in HOMEMA	k done during mo etired.)	N at of working		OF BUSINESS/INDU	JSTRY			
17. FATHER'S NAME (First, Middle,	Last) OU WARRENFELT	18. MOTHER'S NA					. D	- 13		
CHARLES LER 190. INFORMANT'S NAME (Type/PATRICIA Mc	rint)	19b. MAILING AD		nd Number or Rural I	Route Number, City	y or Town, State, Zip (Code)	21502		
20e. METHOD OF DISPOSITION 150-Squriel 2 Cremation 3 4 Donation 6 Other (Spec	☐ Removal from State	o. PLACE OF DISPOSITI	ITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE - UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST, CUMBERLAND, MD 21502									
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS /	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	a w	lew				Interval Betwee Onset and Dast		
PART II. Other significant of Renal	farling to deeth is	out not resulting in	the underlying	lerlying ceuse given in Part i. 24a. WAS AN AN AN AN AN A 1 ☐ YES 2 ☐			P AMAILABLE PRIOR TO COMPLETION OF CAUSE			
25. WAS CASE REFERRED TO ME EXAMINER?	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 ☑ Inpetient 2 □ ER/Out 26a. DATE OF INJURY	patient 3 DOA 4	OF 28c. INJ			Other (Specify) Bd. DESCRIBE HOW INJURY OCCURED				
2 Accident Inves	ation 28s PI ACE OF IN HIGH. As home form street feetons office.					Monther				
4 Homicide deter	6 Could not be building, etc. (Specify)									
e one)	NG PHYSICIAN: To the best of my know EXAMINER: On the basis of examination							d manner as stated.		
296. SIGNATURE AND TITLE OF	(Buy 1	M		29c. LICENSE NU		29d. DATE	SIONED (Mo	reth, Day, Year)		
DR. GEORGE B	REZA, M.D., BMG,	912 SETO		CUMBER	RLAND, 1	MARYLAND	21502			
NOV 1 3 1990	gistia Davidson Andrea	Augus.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	23	E

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMI			ENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) Evelyn	EVELYN JAMES J. Marshall	MARSH	ALL	:	DATE OF GEATH	y 90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. let		INDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Ybar)	6, Bil	RTHPLACE (State or Foreign untry)	
	214-07-9487	1 □ M 2 X F 91	YRS. MON	THE DAYS	HOURS MIN.	07/16/18	99 N	IAR YLAND	
N.	9a. FACILITY NAME (If not institution, give st DORCHESTER GENE	•	9b.	•	IR LOCATION OF DEAT $MBRIDGE$	TH	DOR.CH	ESTER	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I soc CITY TO	WN OR LOCATI	ION			10d, INSIDE CITY	
FUNERAL DIRECTOR		CHESTER		CAMBR				LIMITS?	
AL (10e. STREET AND NUMBER	CHESTER			ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
ER	24 ALGONQUIN RO)AD			21613		U.	S.A.	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2X	RMED NO		ENDENT OF HISPANIC scify Cuban, Maxican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14. R.	ACE — American Indian, lack, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗌 YES	2 NO Specify:			OBCHY: .UC./WHITE	
0	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16a. DI	ECEDENT'S USUA	AL OCCUPATIO	ON et al working	16b. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	n. Do NOT use reti	ired.)	ot of working				
MP	12th grade		HOUS	EWIFE	44 1407117010 11411	HO (First, Middle, Meiden	<u>MEMAKE</u>	<i>GR</i>	
		MES			ELSIE		ARKS		
) BE			HAILING ADD	PRESS (Street as		ute Number, City or Tow			
2	MRS. BONNIE C.	TEAT 1	5 ALG	ONQUI.	N ROAD,	CAMBRID	GE, MD	. 21613	
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	numl from State Other D	(ace)		netery, crematory or CHURCHCH	EMETERY	CAMBR		
	21. SIGNATURE OF FUNERAL BETWICELLO			22. NAME AN	ID ADDRESS OF FACIL	LITY	OTHIDI	IDGE, MD:	
	* Holled Fre	Jean-Dumin	200			RAL HOME	IDGE	MD. 21613	
	23. PART I. Enter the diseases, or o			enter the mo	de of dying, auch			Approximate	
	IMMEDIATE CAUSE (Final	List only one cause on each lin	* Sept	ie Sh	lock			Interval Between Onset and Death	
	disease or condition and applic of the condition and applic of the condition and applic of the condition and application and a								
		DUE TO (ON/AS A CONSE	QUENCE OF):	Dehyd	ration	with Hyp	perkal	emia	
O	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	EQUENCE OF):	,	11/1	101/400		u .	
CAT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):						
SER	Total In County Dist	4							
AL (PART II, Other significant condition	s contributing to death but not	resulting in th	ne underlying	g cause given in P	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Sende Sementia Recurrent 1 Yes 2 NO COMPLETION OF CAUSE							OF DEATH?		
Z	01.1.		•			_	-	1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Chec	k only one)			
SICI	EXAMINER? 1 YES 2 ATO	HOSPITAL: 1 ☑ Inpetient 2 □ ER/Outpetient		THER:	e 5 Residence 6				
并	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJ		28d. DESCRIBE HOW	NJURY OCCURE	0	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 LHO				
							rel Route Number,		
E			L 20 CERTIFIER						
PLETE	4 Homicide determined	CIAN: To the best of my knowledge, d	leath occurred at	t the time, data	and place, and due to	o the cause(a) and ma	nner as stated.		
OMPLETER	4 Homicide determined 29a. CERTIFIER (Check only 1 GERTIFYING PHYSI	CIAN: To the best of my knowledge, d						rse(s) and manner as stated.	
BE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only 1 GERTIFYING PHYSI	R: On the beels of examination and/or	r investigation, in		leath occured at the ti 29c. LICENSE NUME	me, date end place, ar	nd dua to the cau	nso(s) and manner as stated. NED (Mgpth, Day, Year)	

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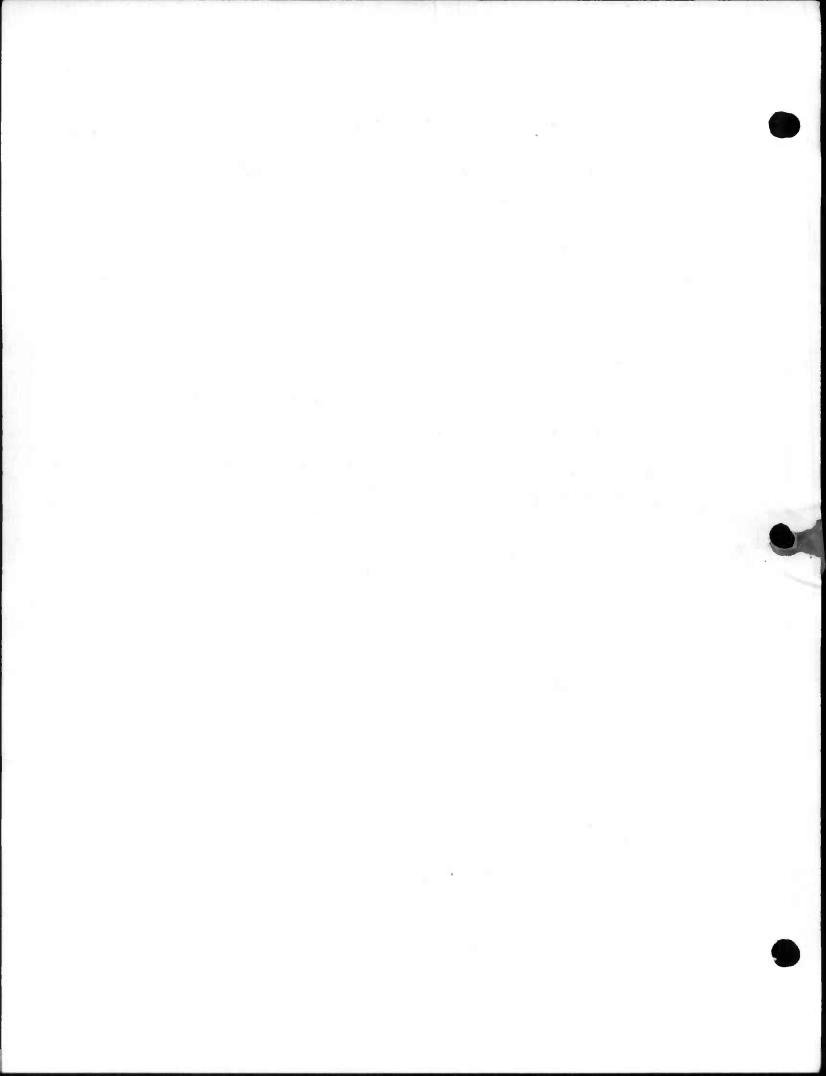
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31. DATE FILED (Month, Day, Year)
NOV 5 '90



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	(V	y.
	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 milliours after de) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi
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	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HI		IENTAL HYGIE REG. N		31013
	1. DECEDENT'S NAME (First, Middle, Le	Mellinaton				2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 226 54 0283	5. 9EX	YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	97	BIRTNPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (It not institution, gh		spital	96. CITY, TOWN OF	na Parl		9c. COUNTY Mon	tgomery
DIRECTOR	10e, STATE 10b, COU	nty nce Georges		TOWN OR LOCATI	les			10d. INSIDE CITY LIGHTS? 1 YES 2 NO
FUNERAL	6902 23 RD F	PL.			20783			USA
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		cify Cuban, Maxicen	C ORIGIN? (Specify , Puarto Rican, atc.)	Yea or No 14.	RACE — American Indian, Black, White, atc. Specify.
COMPLETED	15. OECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mos retired.)		16b. KIND OF	BUSINESS/INDUST	FRY
F6 111	1/12 17. FATNER'S NAME (First, Middle, Last) Harrison H. Lov	2 Years ve	Housewi	re.		ME (First, Middle, Maid Preston	len Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print) Malcolm Melling		6902	23rd 🖭	Hyati	oute Number City or	Md.	
TSNE I	20g, METHOD OF DISPOSITION 1	lemoval from State	National	Mem.Parl	Κ.	F		urch,Va.
examiner	Jams.	Velen	La-				Spring	,Md.
event, the medical	23. PART i. Enter the diseases, shock, or hasnt failu IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	re. List only ona cause on a	ach lina.		se or aying, such	as cardiac or re	epiratory arrest	. Approximate interval Betwee Onset and Date
or other traumatic	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF					
MEDICAL	PART II. Other aignificant condi	tions contributing to deeth I	out not resulting in	the underlying	ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	patient 3 DOA	отнея:	ACE OF DEATH (Che			
marked, or BY PHY:	27. MANNER OF DEATH 1 Natural 5 Pending Investigati	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ	URY AT	28d. DESCRIBE NO	W INJURY OCCUP	ED
28 Is	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	be 26s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st colfy)	treat, factory, office		26f. LOCATION (Str. City or Town, St	set and Number or ate)	Rural Route Number,
MPL #	torack only	HYSICIAN: To the best of my know						ause(a) and manner as stated
TO BE CO	29b. SIGNATURE AND TITLE OF CERT	Mulhis	U M	Potenti	20c. LICENSE NUN	09	29d. DATE S	3/90
	PAMELA 31. DATE FILED (Month, Day, Year)	MULShine 132, REGISTRAR'S SIGN	1161 NATURE	Nen	Ham	oshice	Ave	Silver Spri
	NOV 07 '90	Julia Davidse						

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-rouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

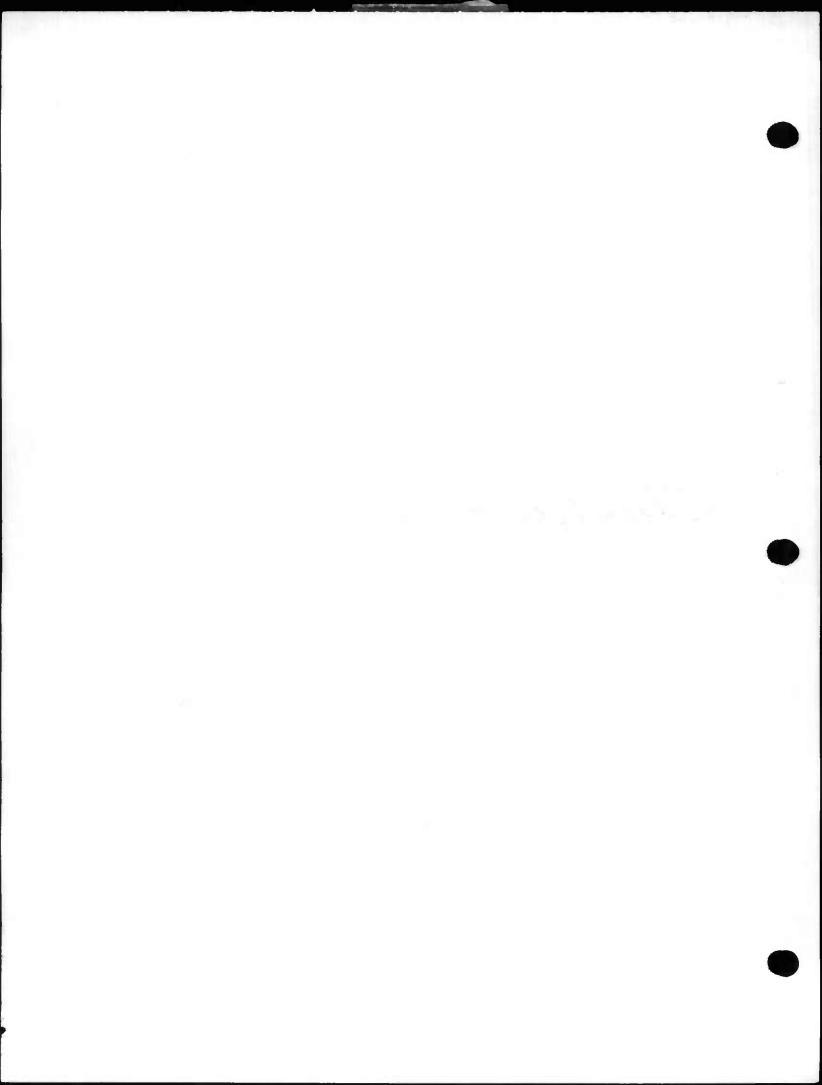
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) GLORIA	Ε.	MAI	ONEY		DATE OF DEATH DAY	1990 YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 474-12-1938				HOURS MIN.	DATE OF BIRTH (Month, Day, Year) UNE 25,19	Co	RTHPLACE (State or Foreign country) ARYLAND
OR	90. FACILITY NAME (If not institution, give sti 1114 WOODSIDE PARE		9	SILVER	SPRING	4	9c. COUNTY C	GOMERY
DIRECTOR	100. STATE 100. COUNTY MARYLAND MONTGO			TOWN OR LOCATION			-	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL (100. STREET AND NUMBER 1114 WOODSIDE PAR				ZIP CODE 2091	10		DE WHAT COUNTRY?
A	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spec		ORIGIN? (Specify Yes	or No— 14. F	JACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	Ille. Do NOT use r	k done during most etired.)	of working	16b. KIND OF BUS	INESS/INDUSTF	iv .
COMP	17. FATHER'S NAME (First, Middle, Last) LAWRENCE B. MALON	JEV CD	SELF EMPI		16. MOTHER'S NAME	(First, Middle, Melden S		
TO BE	19a. INFORMANT'S NAME (Type/Print) LEONARD J. MALONE				Number or Rural Rout	IE M. CAV: te Number, City or Town CKVILLE, I	, State, Zip Code	1
	20a, METHOD OF DISPOSITION 1 \(\tilde{\Omega}\) Buriel 2 \(\tilde{\Omega}\) Cremetion 3 \(\tilde{\Omega}\) Remote 4 \(\tilde{\Omega}\) Donetion 5 \(\tilde{\Omega}\) Other (Specify)	oval from State	other place OF HI	ION (Name of ceme	tery, crematory or	20c. LOC	CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LIC		<u> </u>	FRANCI	S J. COLI	LINS FUNE	RAL HON	ME, INC. PR.,MD.20901
	23. PART I. Enter the diseasea, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on a						Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
MEDICAL	PART II. Other aignificant condition	_	but not resulting in		cause given in Pa	rt i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Check			
BY PHY	27. MANNER OF DEATH Natural 5 Pending Decident Investigation	26a. DATE OF INJURY (Month, Day, Year)		WOR WOR		8d. DESCRIBE HOW II	NJURY OCCURE	0
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — Ai home, farm, str ecify)	eet, factory, office	21	81, LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
COMPLETED	CONSCIN DINY	CIAN: To the best of my kno						use(a) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE	so for	Nu		D-32	337	29d. DATE SIG	SNED (Month, Dey, Year)
	30. NAME AND ADDRESS OF PERSON WHY 31. DATE FILED (Month, Day, Year)	3É REGISTRAR'S SIG	he sta	(rint)	Silvai	Sport	nd	20002
- 4	111 11 110	10	P : 50	2 'A4		*		

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F	this	J. W.	arke
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TEN	DH.	after	28 1
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-modus after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR					NTAL HYGIEN REG. NO.	_	U	1881
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	IOAIL	01 2	LAII		DATE OF DEATH			TIME OF DEATN
	ROBERT	MARS						tober 3	W .	1990	27.05 M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS. 7. 1	DATE OF BIRTH	7 ,	0. BIRTNPLA	ICE (State or Foreign
	579-38-7114	1 X M 2 - F	87 YRS.	MONTHS	DAYS H	HOURS	MIN. Fe	Month, Day, Year)	16.19	O3 N	ew York, N.
	9a. FACILITY NAME (If not institution, give	street and number)	<u> </u>	9b. CITY,	TOWN OR	LOCATION	N OF DEATH	bruary .		NTY OF DEAT	
照 	5225 Pooks Hill	Road, #928N		Bei	thesd	la			Mont	gomer	, I
មី	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		T	Y. TOWN O							
DIRECTOR		ntgomery	10c. CH	.,	esda					1.0	I. INSIDE CITY
	10e. STREET AND NUMBER				101 7	IP CODE			100 CIT	IZEN OF WHA	YES 2 NO
FUNERAL	5225 Pooks Hill	Road			101. 2	208			log. on	USA	
=	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. V	WAS DECEN	IDENT OF	NISPANIC O	RIGIN? (Specify Yes	or No-	14. RACE —	American Indian, hita, atc.
	1 Never Married 2 Married	FORCES? 1 TYES			yes, speci			arto Rican, atc.)		Black, W Specify:	hita, atc.
BY	3 Widowed 4 Divorced					A				Wh:	ite
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OC work done d	CUPATION luring most	of working	,	16b. KIND OF BU	SINESS/INC	DUSTRY	
삗	Elementary/Secondary (0-12)	College (1-4 or 5 +)						, , , , , , , , , , , , , , , , , , ,			
COMPLET	12. 17. FATHER'S NAME (First, Middle, Last)	4	Prop	riete		10 MOTHS	ED'S NAME /	Furnitu		usines	S
	Max Mars						war and a second	2-12-0311, 3337	Surneme)		
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street and		chel	Number, City or Tow	n, State, Zic	o Code)	
유	Edith Mars		5225	Pooks	и т т	1 P.4	# O	28N. Bet	hood	a MD	20214
	20a. METNOD OF DISPOSITION	20	b. PLACE OF DISPO					20c. LO	CATION -	City or Town,	Stata
П	XXBurial 2 ☐ Cremation 3 ☐ Raid 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	Nai Isi	ael	Cong.	. Cer	metery	7 0x	on Hi	11, M	aryland
	21. SUCHAPURE OF FUNERAL SERVICE L	ICENSEE		22.1	NAME AND	ADDRESS	S OF FACILIT				
1	Vand.	111	-7-1					Pike; Ro			
	23. PART I. Enter the diseeses, Dr	complications that cause	d the deeth. Do								Approximete
	ahock, or heert fellure IMMEDIATE CAUSE (Final	. List only one cause on e	eech line.								Interval Batween Onset and Death
	disease or condition	MYORADA	141	INI	FAR	CTI	00/				ALUTE
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE	OF):	7374		<u> </u>	À			
z	Sequentially list conditione,	e. MYGC ARD DUE TO (OR AS b. ARTERIOSCI OUE TO (OR AS	LEROTIC	_C/1.	KNOI	VASC	ULAN	Disc	ASE	5	INDEF
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE (OF):							
길	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE ()Fi:							
	thet initieted events resulting in death) LAST	14									!
S		d									
SAL	PART II. Other eignificent condition	ontributing to death	but not reaulting	In the un	derlying	ceuee gi	iven in Par	t I. 24a, WAS AN PERFO	RMED?	Al	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
								1 TYES	NO		OMPLETION OF CAUSE F DEATH?
MEDI								.		1	☐ YES 2 ☐ NO
Z Z	as 1440 Avar personna 70 Majori					05.05.05					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINÉR? 1 VES 2 NO	HOSPITAL:		OTHER	P:		ATH (Check of				
14S	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Out 28a. DATE OF INJURY	28b, TI	ME OF	26c. INJUI	RY AT		Other (Specify) d. DESCRIBE HOW	INJURY OC	CUREO	
	1 Netural 5 Pending	(Month, Day, Year)	90	JURY M	WOR	K?	/	COLL			
ВУ	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF INJUR	IY At home, farm,	street, fact	ory, office		28	f. LOCATION (Street	and Numbe		te Number,
9	4 Nomicide determined	building, atc. (Spi	140 u	112			_ 1	City or Town, State		10	
PLET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know			ime, data a	ind place,	and due to t	he cause(a) and ma	nner aa str	sted.	
COMPL		NER: On the beals of examinati	on and/or investment	ion, in my o	pinion, dar	ath occurs	ed at the time	e, data and place, a	nd due to t	the cause(a) a	nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIF	ER//		ते		29c. LICE	NSE NUMBE	R	29d. DA	TE SIGNED (M	lonth, Day, Year)
BE	Alexander	Muh	MILLE	23		000	7099		1	1/1/9	0
5	30. HAME AND ADDRESS OF PERSON W	WHO COMPLETED MUSE OF	EATH (ITEM 27) (Type				1	>		-	
	FRANCIS C	MAGLE JI	ND 8300	Ws	COM	Low	Ave	BOTH	6>0	AM	20814
	31. DATE FILED (MOOP) DAY (MAY) POOL	M. REQUITMAR'S SIG	MATURE Range				,				
L	NOV 05 90	0 000	Almos Mark	ALCOHOL:							



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

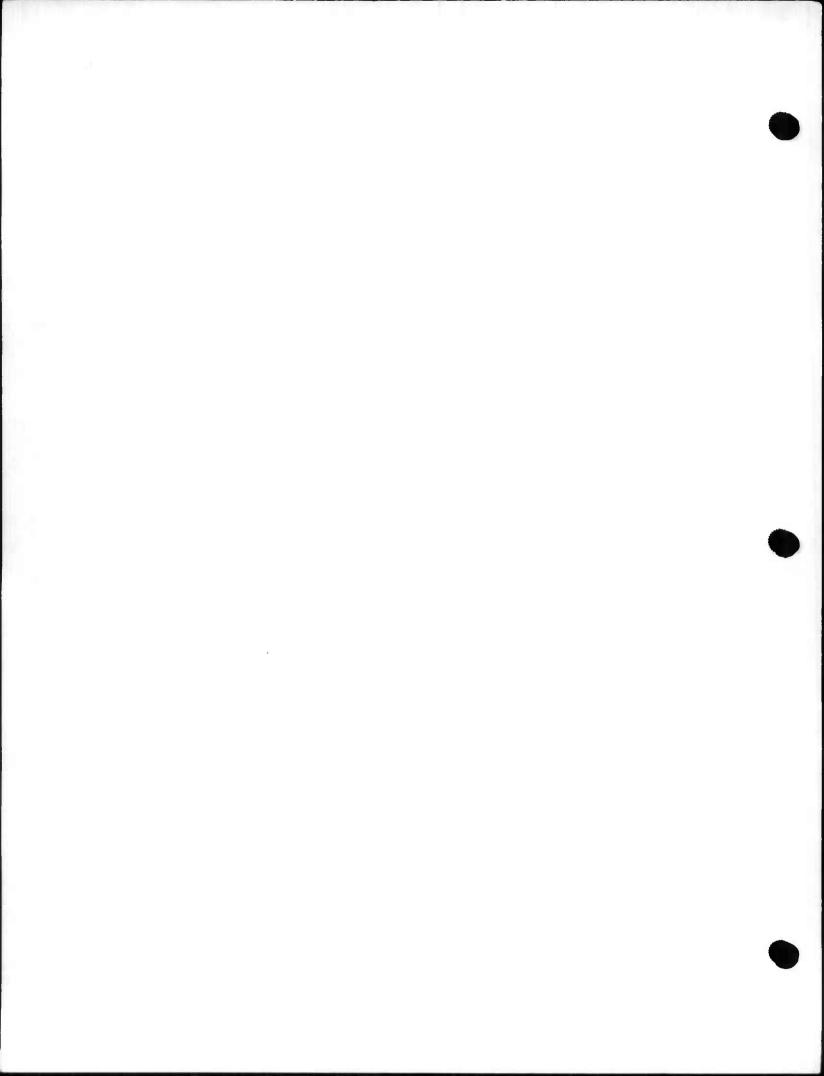
	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH	
	JAMES RO	BERT	ME	ADE							7. 6,	199			R
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (I)	n yrs. last	birthday)	IF UNDER		+	R 24 HRS.		OF BIRTH		6. BIRTH Count	PLACE (State or Fore	ign
	220-36-8235	1 📉 M 2 🗌 F	14	9	YRS.	MONTHS	DAYS	HOURS	MIN.		.17.1	940			
	9a. FACILITY NAME (If not institution, give	street and number)				9b. CITY	, TOWN	OR LOCAT	ION OF D				NTY OF D		
2	Anne Arundel	Madias	1 00	nto	~		nn	apol	i a			An	no l	rundel	
KI	RESIDENCE OF DECEDENT	Medica.	1 06	псе		- 6	riiii e	apor	72			TAUL .	ne r	runder	_
DIRECTOR	10s. STATE 10b. COUNT	ry			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
ā	Maryland Ann	e Arund	el		Ar	nap	oli	S						1 X YES 2 N	0
4	10s. STREET AND NUMBER							H. ZIP COD	DE			10g. CIT	ZEN OF	VHAT COUNTRY?	
FUNERAL	7 Ellington Dr	ivo						2140	13			11	.s.	Α .	
3	11. MARITAL STATUS	12. WAS DECEDEN						CENDENT	OF HISPA		N? (Specify Yes		14. RAC	E — American Indian	,
	1 Never Married 2 X Married	FORCES? 1	WAR OR DA	TES				pecify Cubi			Rican, etc.)		Spec	k, White, atc.	
BY	3 Widowed 4 Divorced	Sept.	58-0	Oct.	158	3			-	,				ite	
ETED	15. DECEDENT'S ED (Specify only highest grad					USUAL O			da es	16	b. KIND OF BU	SINESS/INI	DUSTRY		
딥	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. i	Do NOT u	se retired.)	uuning iii	ost of work	my						
린	12		_	Si	irve	vor					Surv	eyin	ıg		
COMPL	17. FATHER'S NAME (First, Middle, Last)							18. MO1	THER'S NA	AME (First,	Middle, Malden	Surname)			
	David Meade							Ma	rv K	nig	ht Ga	ntt			
BE	19a. INFORMANT'S NAME (Type/Print)			19b.	MAILING	ADDRES	S (Street		-		nber, City or Tow		Code)		
2	Rosemary A. N	landa		7	F. 1	lin	at o	n D	ri w	. Δ	nnano	lie	MD	21403	
	20s. METHOD OF DISPOSITION	leade	20b.					emetery, cre		, , ,,,		CATION -			
	1 Buriel 2 Cremation 3 Res	moval from State		other plac	ce)					not o				lle, MD	
	AL AIGNATURE OF FUNERAL SERVICE L	ICIPASEE /	1 17	VI.V.	Land	22.	NAME A	AND ADDRI	ESS OF F	ACILITY				ite, mb	
	V.L. 00	14	1	/		T	ayl	or l	Fune	eral	Chap	el	2	1401	
	MANDE X	· Ney	ra											is,MD	
1	23. PART I. Entar the diseases, or shock, or heart failure				ath. Do	not ente	r the m	ode of dy	ying, suc	ch as cs	rdlec or resp	iratory ar	reat,	Approximat	
	IMMEDIATE CAUSE (Finel	M-	. /	avii iiiia.	1	1	۲		/					Onset and	
	disease or condition resulting in death)	. In.	UT	a S	1/3	11	_	- 1	-4	19		a			
	resulting in death)	DUE TO	OR AS A	CONSEO	UENCE O	F):			-						
z		b.													
은	Sequentielly list conditions, If any, leading to immediate	DUE TO	OR AS A	CONSEO	UENCE O	F):	_								
3	cause, Enter UNDERLYING CAUSE (Disesse or Injury	С.													
Ē	that initiated events	DUE TO	(OR AS A	CONSEO	UENCE O	F):									
ERTIFICATION	resulting in death) LAST	d													
O	DA DT II. Oak or also Misson as addition					I Alexandra	and a selection		alice in te	. D. d.I					
MEDICAL	PART II. Other significent condition	ons contributing to	o death b	ut not re	suiting	in the u	nderiyii	ng ceuse	given ir	Part I.	24a. WAS AN		24	AWAILABLE PRIOR TO	0
ă											1 TYES	2 Dylo		OF DEATH?	USE
ME												/		1 YES 2 N	0
ä	l														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER2							PLACE OF	DEATH (C	heck only	one)				
S	1 TES 2 NO	HOSPITAL:	ER/Outp	patient 3	□ ODA	4 Nu		me 5 🗆 1	Residence	8 🗆 Ott	ner (Specify)				
Ŧ	27. MANNER OF DEATH	28a. DATE O			28b. TI	WE OF	28c. IN	JURY AT		28d. Di	ESCRIBE HOW	INJURY O	CURED		
	Naturel 5 Pending investigation		Day, Year)			M	_	YES 2	□ NO						
BY	2 Destate	26a, PLACE	OF INJURY	— At hor	me, farm,	street, fac	tory, off	ice			CATION (Street		or or Rural	Route Number,	
E	4 Homicide determined	building	g, etc. (Spec	cify)						Cit	y or Town, State)			
ET	29a. CERTIFIER														
MPI	(Check only	SICIAN: To the best of													
COMPL	2 MEDICAL EXAMI	VER: On the basis of	examination	n and/or li	nvestigati	lon, In my	opinion,	death occ	ured at th	e time, da	te and place, a	nd due to t	he cause	a) and manner as att	rted.
ш	296. SIGNATURE AND TITLE OF CHITTE	9 11 -1	>			1)	29c. \1	CENSE NO	JMBER	110	29d. DA	TE SIGNE	(Money, Day, Year)	
8	M-WI	21000)10	0/	43		111	6/40	
5	30, NAME AND ADDRESS OF PERSON V	THE COMPLETED CAL	USE OF OF	ATH (ITES	M 27) (Tim	e Print)			2	1	11 1		1	1	

LETED CAUSE OF OEATH (ITEM 27) (Type, Print)

. . . . en = 'to Y

1	-	STATE REGISTRAR
	-	

	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF I		MEAN	3. TIME OF DEATH
	Berlin Janver Math	iews				1 1	1.2	YEAR 90	9:40 A. M
			GE (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HRTH	8. BIRTH	PLACE (State or Foreign
- 1	191-12-1823	XXM 2 □ F		NTHS DAYS	HOURS MIN.	(Month, Day 11-9-		Country	PA
- 1	9e. FACILITY NAME (If not institution, give street		68 YRS.	CITY TOWN C	R LOCATION OF DE			UNTY OF D	
~						AIR			
0	Washington County	Hospital		Hagers	town, MD		Ma	shing	ton
ទួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10e CITY T	OWN OR LOCAT	ION				10d. INSIDE CITY
<u>E</u>		nadon	1		510, Ort	oiconio	DA.	- 1	LIMITS?
9	PA Hunti	.nguun	I TICK			1720117			
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. C		HAT COUNTRY?
监	HCR 71 Box 510				17243			USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 X	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (S	pecify Yes or No-	14. RACE Black	— American Indian, , White, etc.
7	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 YES	2 NO Specify	C:	,,	Speci	ly:
	3 Widowed 4 Divorced	WWII		1				Whi	.te
	15, DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S US	JAL OCCUPATIO	ON st of working	16b. KIN	D OF BUSINESS/	NDUSTRY	
ᄪ		College (1-4 or 5+)	(Give kind of work life. Do NOT use n						
릴	12		coal str	ipper			coal		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Meiden Surname)	
0	Samuel Mathews				Eva Chi	ilcote			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street 1	nd Number or Rural I	Route Number (City or Town, State.	Zip Code)	
2	Clara Mathews				10, Orbis				
	20g. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI		· .	,	20c. LOCATION	Ohu or To	Canto
	1 1 Buriel 2 □ Cremetion 3 □ Remov	al from State	other place) I.O.O.F. M			201			nace,PA
	4 Donation 5 Other (Specify)		1.U.U.F. M						
	21. SIGNATURE OF FUNERAL SERVICE LICE	_		Martin	R. Brov	wn Fune	eral Hom	ne. Ir	nc.
	1 Uniglas R.	(1602 m)	- 012945-L	Orhis	nnia. PA	1724	3	,	
	23. PART I. Enter the disasses, or co	mplications that ca						arrest,	Approximate
	shock, du heart fellure. Li	at enly one cause	on each line.						Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	,	71/8 1	1 h 1 -	141 - 20=	1110			Onset and Death
	resulting in death)	<u></u>	AS A CONSEQUENCE OF):	+R1310	1742714	179			
		DOE TO (OH	AS A CONSEQUENCE OF):						i
N	Sequentially list conditions, b.	2/12 72 122							
Ĕ	If any, lasding to immediate	DOE TO (OH	AS A CONSEQUENCE OF):						
2	CAUSE (Disease or Injury								
F	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):						i l
CERTIFICATION	d.								
0	PART II. Other significant conditions	contributing to day	ath but not resulting in	the underlyin	o cause given in	Part i. 24	n. WAS AN AUTOPS	y 24b	WERE AUTOPSY FINDINGS
Ä					The state of the s		PERFORMED?	1 55	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Dia l	DIABETES HELCITES THE TO ANTHRACOSIL.	1, 645	1 Certhalina	1	may ous.	1	YES 2 NO		OF DEATH?
ME	the to AMTHRACOSIL.	ALLITE	KENNE FAILL	K9.		_			1 YES 2 NO
ä.	/								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 .		LACE OF DEATH (Ch	neck only one)			
SIC				THER:	ne 5 🗆 Residence	6 Other (S	pecify)		
Ŧ	27. MANNER OF GEATH	28e. DATE OF INJ (Month, Day,	URY 28b. TIME (fear) INJUR	OF 28c. IN	JURY AT ORK?	28d. OEŞCR	BE HOW INJURY	OCCURED	
	1 Netural 5 Pending Investigation	(month, buy,	indor		YES 2 NO	ļ			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF IN	JURY — At home, term, str	et, fectory, offic	20		ON (Street end Nun	ber or Rural	Route Number,
	4 Homicide determined	building, etc.	(Specify)			City or 1	own, State)		
COMPLETED	29a. CERTIFIER								
APL	(Check only		knowledge, death occurred						
O	2 MEOICAL EXAMINER	: On the basis of exam	ination end/or investigation,	In my opinion,	death occured at the	time, date en	d place, and due t	o the ceuse(s) and manner ee stated,
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER			(Month, Day, Year)
BE	05A5 L	2	M.N.		0 12	712	,	11.12:	90
C	0/10/	-		-fine)	1 - 1 2				
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (OF DEATH (ITEM 27) (Type, P	rant)					
ĭ	30. NAME AND ADDRESS OF PERSON WHO				Toka Fin	217	40		
ĭ	6th ROZA HD.	1714 04	KHILLAU 14		TOKA MO	217	40		
Ţ	31. DATE FILED (Month, Dey, Year) NOV 16 1990	1714 04			TOWN FID	217	40		



TO BE COMPLETED BY FUNERAL DIRECTOR

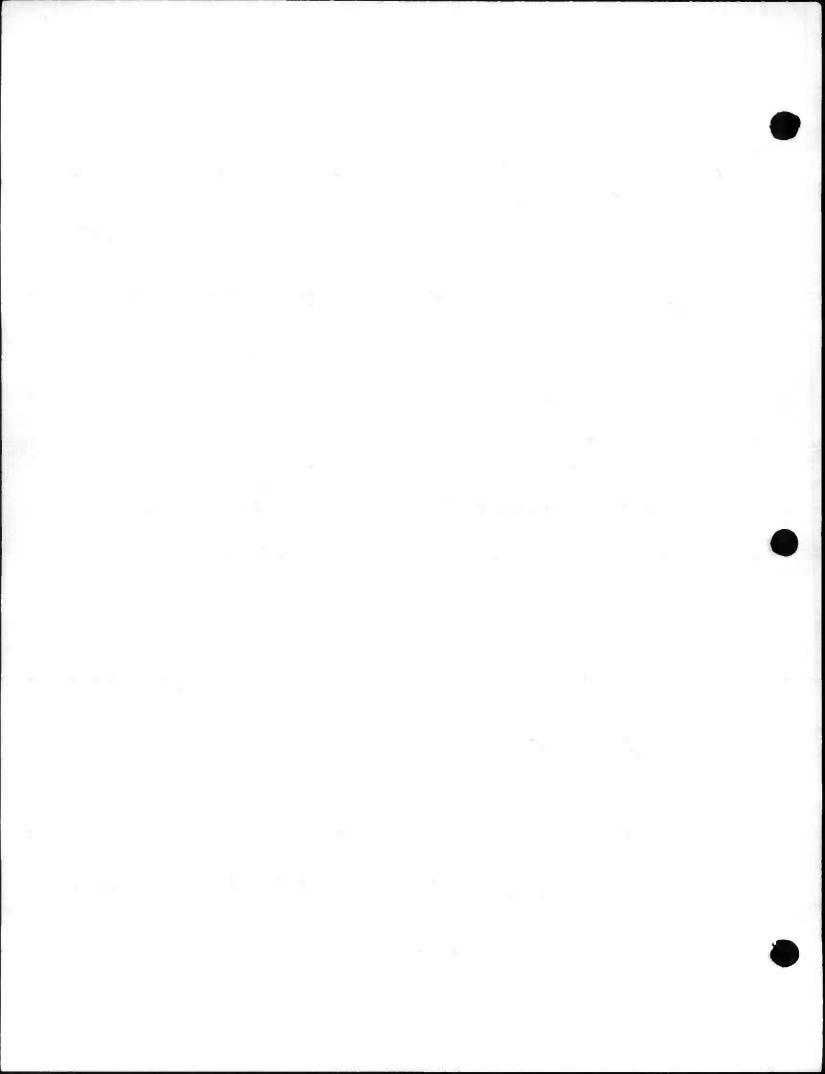
1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF						GIENE G. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)		OLITTI I	Q/TI	_ 0.			2. DATE OF DE	ATH			TIME OF DEATH
MARY ATKINSO	DN F	10rri	S				October	DA	4 1	990	0535 M
		s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIF (Month, Day,			8. BIRTHPLA Country)	ACE (State or Foreign
010 00 136-1	M 2 D	6 YRS.					12-25	-19			yland
90. FACILITY NAME (If not institution, give street Peninsula General H				Y, TOWN OF			ATH		9c. COU	ITY OF DEAT	Н
RESIDENCE OF DECEDENT	ospital		S	alist	ury	, MD				Wicom	ico
10e. STATE 10b. COUNTY		10c. CIT	r, town	OR LOCATE	ON					10	d. INSIDE CITY
Maryland Wicomi	co	S	ali	shur	y ZIP CODE			_	10a, CITI		YES 2 NO
					0	180	1		-14	II C	
Canal Woods 11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.	S. ARMED	13.		NDENT O	F HISPAN	IC ORIGIN? (Spe		or No-	14. RACE —	American Indian, /hile, atc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			1 TES			n, Puerto Ricen,	etc.)		Specify:	
15. DECEDENT'S EDUCATION		a. DECEDENT'S	USUAL C	OCCUPATION	N		16b. KINO	OF BUS	INESS/IND		
(Specify only highest grade com Elementary/Secondary (0-12)	ollege (1-4 or 5+)	(Give kind of y	vonk gone le retired.) O T) auring mos	or workin	g	Beve	erac	ae .		
12 /		Rusine					Dist	rit	otto	rs	
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle,		Surnama)		
Levin M. Atkin	son	10h MAII INC	ADDRES	SE (Street or			Rigg		Ctata 7/a	Codel	
Henrietta M. Dor	COV						Lisbur				4
20e. METHOD OF DISPOSITION	20b. PL	ACE OF DISPOS								City or Town,	
1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State St	her place)	rew	s Fn	is.	Cen	n	Pr	Anr	ne. M	d 21853
21. SIGNATURE OF FUNERAL SERVICE LICENS				S ED						,	
I Jam 2H		00295		Prin	ces	s Ar	eral H	d.	218	53	
23. PART Is Enter the diseases, or com	plications that caused the	e desth. Do r	not ente	r the mod	le of dy	ing, suci	h as cardiec c	r reapi	ratory sn	rest,	Approximata interval Between
IMMEDIATE CAUSE (Finel	0.1		1.	4	-		. 1				Onset and Death
disease of condition resulting in death) a	OUE TO (OR AS A CO	ores	111	alV	17	a	rest				1
_ /	1 Mill & S	ONSEQUENCE OF	F):		/						
Sequentielly liet conditions, if any, leading to immediate	OUE TO (OR AS A CO	ONSEQUENCE OF	F):								
csuae. Enter UNDERLYING CAUSE (Disease or injury	ρ	neun	100	119							
that initiated events	OUE TO (OR AS A CO	NSEQUENCE O	F):								
d											-
PART II. Other eignificent conditions co	ontributing to death but	not reaulting	in the u	ınderlying	cause	given in		WAS AN PERFOR	AUTOPSY		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
1emen/79								YES 2		OX.	OMPLETION OF CAUSE F DEATH?
,	/										YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		ОТНЕ		ACE OF D	EATH (Ch	eck only one)				
1 ☐ YES 2 ☑ NO M	Inpatient 2 ER/Outpatie		4 🗆 No	ursing Home		eeldence	8 Other (Spe	**	N III III OO	OUDEO	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIM	JURY M	28c. INJU WOI 1 Y		NO	28d. DESCRIB	E HOW II	NJUHY OC	COMED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)		street, fa	ctory, office			281. LOCATION City or Tow			r or Rural Rou	te Number,
29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge	ne deeth occur	ad at the	time date	and place	and due	to the cause(a)	and mar	ner ee ete	tad	
(Check only one) 2 MEDICAL EXAMINER: 0											nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	11			T	29c. LIC	ENSE NUI	WBER		29d. DAT	E SIGNED (forth, Day, Year)
A	Jaggar	フリ			-	0/8	614		•	10/2	24/90
30. NAME AND ADDRESS OF PERSON WHO O	OMPRETED CLUSE OF DEATH RIVERS 1 32. REGISTRAR'S SIGNATU Guid. David.	(ITEM 27) (Type	Sp.	lisbu	4,1	nd.	10816			7	
31. DATE FILED (Month, Day, Year)	1 1 5 110131	OF 6.1	411		4 3						
OCT 26 '90	32. REGISTRAR'S SIGNATU	JRE			1						

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

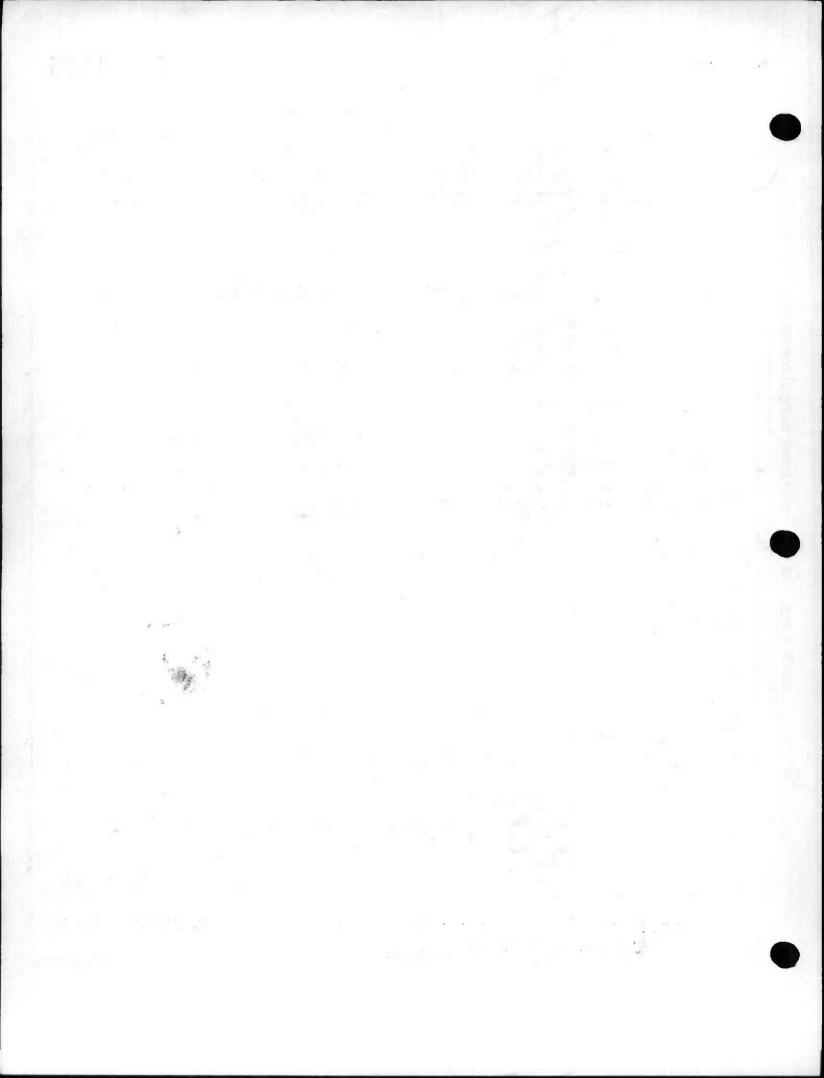
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



DIRECTOR
BY FUNERAL
BY
COMPLETED
36
0

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) NELLIE	Jo		MEADE	N	2. DATE OF DEATH DA	6,1990	3. TIME OF DEATH 6:25 AM M
	4. SOCIAL SECURITY NUMBER 236-60-9094 98. FACILITY NAME (If not institution, give s	1 □ M 2 🔀 F	52 YAS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 08-08-38	C	HATHPLACE (State or Foreign country) St Virginia
TOR I	PHYSICIANS MEM				PLATA	sain	CHAF	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	rles		TOWN DR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
BAL	1 Magnolia Dri	Ve		1.00	20646		U.S.	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:	or No- 14. 1	RACE — American Indian, Black, White, etc. Specify: Vhite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Homema	rk done during mo- retired.)	on st of working	166. KIND OF BUS		
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank Cowan		Homeme	inci		ME (First, Middle, Meiden Jane Love	Surname)	
10	19a. INFORMANT'S NAME (Typo/Print) Anna Marie Ade 20a. METHOD OF DISPOSITION			aratoga	a Drive			rk,MD 20653
	1 Burlel 2 7 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	Le	ee Crema	atory 22. NAME AN	ID ADDRESS OF FA	C1:	inton,	MD
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. EVC DUE TO (OR AS A	A CONSEQUENCE OF	o Pa	ufon:	ion A	ib	5 days
A	PART II. Other algnificant condition	a	out not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only one)		1 YES 2 NO
BY PHYSICIAN: MEDIC	1	HOSPITAL: 1 Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ	NURY AT DRK7 YES 2 NO	6 Other (Specify) 284. DE\$CRIBE HOW I	NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		reet, factory, offic	•	26f. LOCATION (Street City or Town, State)		ural Route Number,
COMPLETED	one) 2 MEDICAL EXAMINI	ER: On the best of my know		^	leath occured at the	time, data and place, ar		use(a) and manner as stated.
TO BE	296. SIGNATURE AND TYPE OF CENTIFIE	MN-	elle		D 029	75	1	6.90
	30. NAME AND ADDRESS OF PERSON WIDANIEL MEREDITE 31. DATE FILED (Month, Day, Vasr)	H HOWELL, M.	D. HTCHW	OOKE S	QUARE,	SUITE 104	MARYI.	AND 20603
	MON 0 8 , 30		dron-Randal	27				



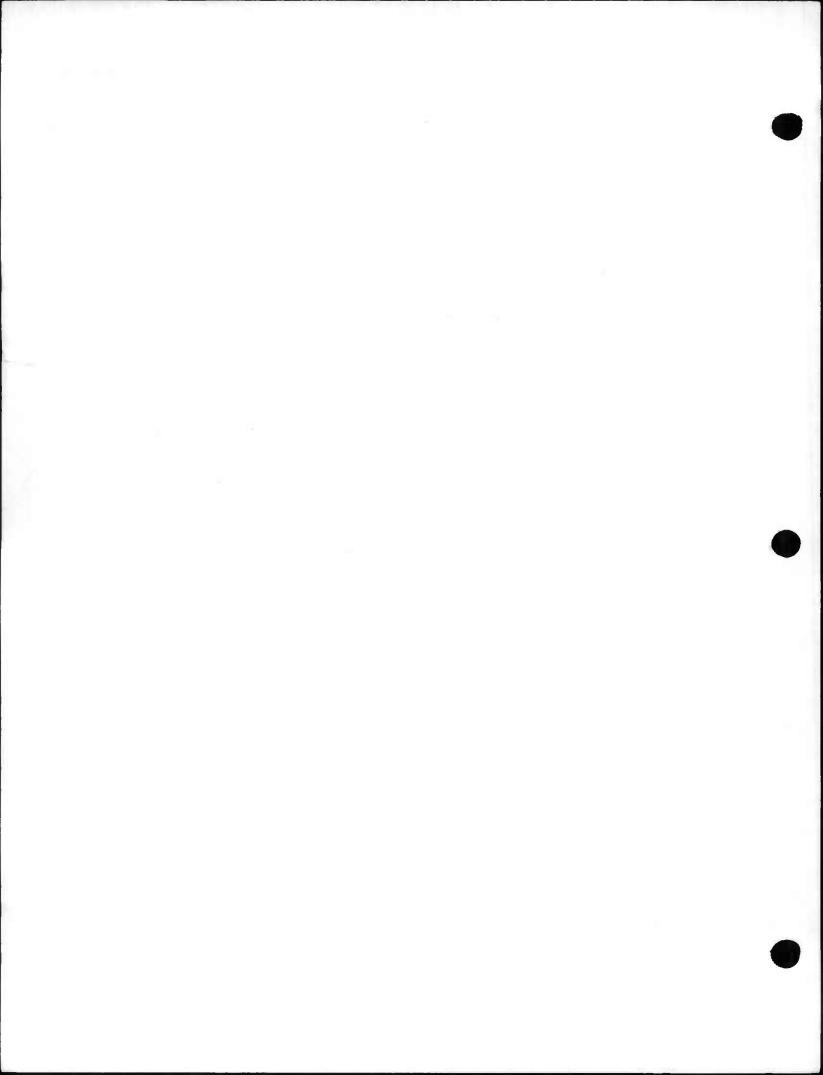
DHMH-16 Rev 1/89

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MA	CERTIFIC			a	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Raymond	F.	McCa	arthy		2. DATE OF C		90°	3. TIME OF DEATH 2:15 A
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)	IRTH	8. BIRT	HPLACE (State or Foreig
215 54 6250 9e. FACILITY NAME (If not institution	, give street and number)		b. CITY, TOWN OR	LOCATION OF DE			OUNTY OF	hington D
Calvert Memor	TV			e Freder	rick		Calv	ert
	e Arundel		town on Location	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				ZIP CODE		10g. (CITIZEN OF	WHAT COUNTRY?
5608 Bluebear 11. MARITAL STATUS 1 ☑ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT E FORCES? 1 K IF YES, GIVE WAR	YES 2 NO	13. WAS DECEP If yes, spec	0733 NDENT OF HISPAN Elfy Cuben, Mexical E → NO Specify	n, Puerto Rican	pecify Yee or No-	Biac	E - American Indian, ck, White, etc.
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	'S EDUCATION	ietnam 16a. DECEDENT'S U: (Give kind of wo. life. Do NOT use	rk done during most			D OF BUSINESS		
12 17. FATHER'S NAME (First, Middle, Li	nst)	con	truction	NOTKET		nstruct		
Joseph H. McCa	-			Thelma	Luci11	e Wesle	y	
199. INFORMANT'S NAME (Type/Prin Sandra Brown	0		DDRESS (Street and 1e as #1(Route Number, C	Ity or Town, State,	Zip Code)	
20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specific	Removal from State	20b. PLACE OF DISPOSIT	TION (Name of come	stery, crematory or		20c. LOCATION	— City or T	lown, State
21. SIGNATURE OF FUNERAL SERV	//	MarylaND V	eterans	Cemeter	y	Chalte	nham	Maryland
23. PART I. Enter the diseese shock, or heart fe	uscl	caused the deeth. Do no	P.O. Bo	OX 45 OW	ings Ra	usch Fu aryland	ne 533	4
23. PART I. Enter the disease shock, or heert for iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s, or complications that of control of the control	caused the deeth. Do no	22. NAME AND P.O. Bo	o ADDRESS OF FAI OX 45 OW le of dying, such	ings Ra	usch Fu aryland	ne 533	Approximate Interval Betw
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	s, or complications that of dilure. List only one cause a. Due to (o	Multiple R AS A CONSEQUENCE OF:	22. NAME AND P.O. Bo	o ADDRESS OF FAI OX 45 OW le of dying, such	ings Ra	usch Fu aryland	ne 533	Approximate Interval Betw
23. PART I. Enter the disease shock, or heert for immediate cause (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (O DUE TO (O d.	Multiple R AS A CONSEQUENCE OF):	22. NAME AND P.O. Bo	o ADDRESS OF FAMILY AND COMMENTS OF STATE OF STA	ings M	usch Fu aryland	errest,	Approximate Interval Betw
23. PART I. Enter the disease shock, or heert for immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s, or complications that collure. List only one cause a. DUE TO (O) b. DUE TO (O) c. DUE TO (O) d	Multiple R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF):	22. NAME AND P.O. Bo	o ADDRESS OF FAMILY AND COMMENTS OF STATE OF STA	Part 1. 24s	usch Fu aryland or respiratory	errest,	Approximate interval Betwoonset end D
23. PART I. Enter the disease shock, or heert for immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if em, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s, or complications that collure. List only one cause a. DUE TO (O c. DUE TO (O d. DUE TO (O d. HOSPITAL: 1 Inputiont 2 E	R AS A CONSEQUENCE OF:	22. NAME AND P.O. Bo t enter the mode Injurice Injurice ths underlying 28. PLA OTHER: Nursing Home	DA ADDRESS OF FAMILY ON A 45 OW SERVICE OF DEATH (Chief Besidence	Part 1. 24s	usch Fyaryland or respiratory . WAS AN AUTOP PERFORMED? YES 2 \(\text{NO} \)	errest,	Approximate interval Betwoonset end D No. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 1 2 YES 2 NO
23. PART I. Enter the disease shock, or heert fe sh	s, or complications that collure. List only one cause a. DUE TO (O) b. DUE TO (O) c. DUE TO (O) d. HOSPITAL: 1 Inpatient 2 E 28a. DATE OF IN (Month, Day, 11/1/0	R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF:	22. NAME AND P.O. BC It enter the mode Injuric Injuric This underlying 26. PLA OTHER: Nursing Home OF 28c. INJUR WOR WOR WOR	cause given in	Part 1. 24s	usch Fyaryland or respiratory . WAS AN AUTOP PERFORMED? YES 2 \(\text{NO} \)	errest,	Approximate interval Betwoonset end D Onset end D AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 52 YES 2 NO
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X 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Poe filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	aumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for siled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

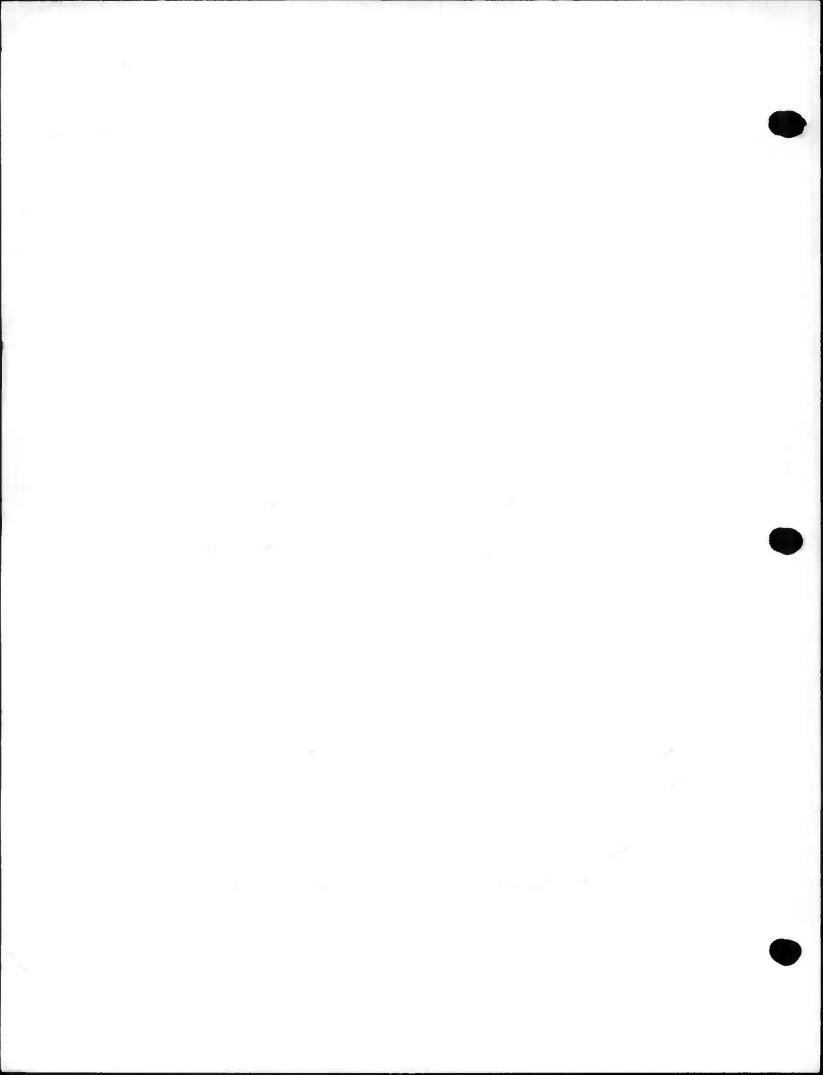
CERTIFICATE OF DEATH

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
**************************************	1. DECEDENT'S NAME (First, Middle, Last) JOHN PETER MAZZOCCHI 2. DATE OF DEATH MONTH OCTOBER 31, 1990 3. TIME OF DEATH OCTOBER 31, 1990 5. PM							
	4. SOCIAL SECURITY NUMBER 5. SEX 1 N 2 F 71 YRS. 5. SEX 1 N 2 F 71 YRS. 5. SEX 1 N 2 F 71 YRS. 5. SEX 1 N 3 SEX NORTHS DAYS HOURS MIN. 5. SEX 1 N 4 SEX NORTHS DAYS HOURS MIN. 5. SEX 1 N 4 SEX NORTHS DAYS HOURS MIN. 5. SEX 1 N 5 SEX NORTHS DAYS HOURS MIN. 5. SEX 1 N 6. BIRTHPLACE (State or Foreign Country) 5. SEX 1 N 6. BIRTHPLACE (State or Foreign Country) 6. BIRTHPLACE (State or Foreign Country) 6. Wash., DC							
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 2905 Terrace Drive Chevy Chase Mont.							
5	RESIDENCE OF DECEDENT							
- DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD MONT CHEVY CHASE 10d. CITIZEN OF WHAT COUNTRY?							
FUNERAL	2905 TERRACE DRIVE 20815 U.S.A.							
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECEMENT OF HISPANIC ORIOIN? (Specify Yes or No-lif yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whita, atc.) 15. WAS DECEMENT OF HISPANIC ORIOIN? (Specify Yes or No-lif yes, specify Cuban, Maxican, Puerto Rican, atc.) 16. RACE — American Indian, Black, Whita, atc.) 17. WAS DECEMENT OF HISPANIC ORIOIN? (Specify Yes or No-lif yes, specify Cuban, Maxican, Puerto Rican, atc.) 18. RACE — American Indian, Black, Whita, atc.) 19. WAS DECEMENT OF HISPANIC ORIOIN? (Specify Yes or No-lif yes, specify Cuban, Maxican, Puerto Rican, atc.)							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Shop Foreman 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Shop Foreman Auto Body Shop							
Σ	Shop Toteman Auto Body Shop							
BE CO	17. FATHER'S NAME (First, Middle, Leat) Angelo Mazzocchi Maria Veneziani							
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code) Same as item # 10							
1\text{Nonation 3 Gamma Removal from State} Other (Specify)								
	21. SIGNATURE OF FUNCTIAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wase. DC 20016							
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between Onset and Deeth Onset an							
N	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							
CATI	CAUSE (Disease or Injury							
CERTIFICATION	thet initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d							
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH?							
N: M	1 _ YES 2 _ NO							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
YS	1 VES 2 NO 1 Input lant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
ву РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Morith, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED							
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, Year) DOS 5 16 . DOctober 31, 1990							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John F. Tauber M.D. 8218 Wisconsin Ave Bethesda, Maryland 20814							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 02 90 Galan Davidson Rendall							

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

10



3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Country) Maryland

1924

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)
Mar. 2,

3/

1925

10

Ãi.

FOR STATE REGISTRAR

91-26-4219

CHARLES

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Lest)

1 -

2.3	P.	Washingt	on Adv	entist Hospi	ital	tal Takoma Park					Montgomery		omery
	다	RESIDENCE OF DEC	10b. COUNTY	,	1 10- 1	CITY, TOWN (OB 1.00	ATION				1.	0d. INSIDE CITY
t. Page:	er II	Maryland		ce Georges	100.			e Park					LIMITS? YES 2 NO
ermi		10e. STREET AND NUMBER					1	10f. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
ansit p	VERAL	4620	Harvar	d Road				20740			U	JSA	
the burial-transit permit, Pages 1,	BY FUN	11. MARITAL STATUS 1 X Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO		If yes, t	ECENDENT OF HISPANI specify Cuben, Mexican ES 2 NO Specify:	, Puerto Rice		or No—		- American Indian, White, etc. White
d for use as	LETED	(Specify onl	EDENT'S EDUC y highest grade 0-12)	completed) College (1-4 or 5 +)	(Give kind life, Do NO)	CEDENT'S USUAL OCCUPATION Ne kind of work done during most of working Do NOT use refined,) 16b. KIND OF BUSINESS/INDUSTRY							
page 5 should be detached for t be notified at once.	COMPL	1-12 4 years Information Specialist Computer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)											
ad be	BE (Charles Edgar Moore, Jr. Atlanta McCubbin Rice											
5 should notified	2	190. INFORMANT'S NAME (1						Road, Col					
ector, page must be		20e. METHOD OF DISPOSIT 1 Burlel 2 Cremetic 4 Donation 6 Other	ION on 3 🗆 Rem			POSITION (N	ame of c	cometery, cremetery or colitan Cr		20c. LOC	ATION -	City or Town	
tuneral dire		21. SIGNATURE OF TUNERA		01.1	5, 1	22.	NAME Hir	and address of Fac	iuir li Fun	eral	Home	2	
the loval.		00 DADY / False the d	- TALL	y mae	4			N.H. Ave.					
certificate has been signed by the attending physician and completely filled in by the funeral director, to the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. I, or item 23 shows any injury, or other traumatic event, the medical examiner must		immediate Cause (Figure 2) immediate cause (Figure 2) immediate cause or condition resulting in death)	eart fallure.	a. DUE TO (OR AS	ech line.		r tha m	noda of dying, auch	aa cardlad	c or reapir	atory am	rest,	Approximate Interval Batween Onset and Death
nd completely burial, crema atic event,	N	Sequentially list condit	Siona.	b						-			
ing physician and or giene prior to burla other traumatic	CERTIFICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events	diata ING	DUE TO (OR AS			4	At	6	lor	~		
tending tal Hygie , or oth	ERT	resulting in death) LAS	вт -	o. I me	los	late		,					
by the atternal and Mental y Injury,	- 91	PART II. Other algolifica	ant condition	a contributing to death t	out not resulting	ng In tha u	nderly	ing causa givan in		4a. WAS AN A	MED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
igned breath an	EDICAL								- ¹	YES 2	NO	1	OF DEATH?
been sign t, of Heal shows	Σ								-			'	YES 2 NO
b has b e Dept.	IA	25. WAS CASE REFERRED T	O MEDICAL					PLACE OF DEATH (Che	ock only one)			1	
he State h	PHYSICIAN:	EXAMINER?		HOSPITAL:	patient 3 DO/	OTHE 4 Nu		ome 5 🗆 Residence	6 Other (S	Specify)			
with	/ PHY	27. MANNER OF DEATH 1 Netural 6	Pending	28e. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY M	1	INJURY AT WORK?	28d, DESCR	RIBE HOW IN	JURY OC	CURED	
THE FUNERAL DIRECTOR; After filed within 72 hours after death PORTANT: It Item 28 Is mail	ETED BY	2	Investigation Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, fam	ome, farm, street, factory, office 28f. LOCAT				ION (Street e Town, State)	nd Number	r or Rurel Ro	ute Number,
NEBAL DIR hin 72 hour NT: It Item	COMPLE	Check only		CIAN: To the best of my know									end menner as stated.
TO THE FUNERA be filed within 7 IMPORTANT:	TO BE C	29b. SIGNATURE AND TITLE	2/	em m/	3			D D7	BER 85°C		29d. DAT	E SIGNED (Month, Day, Year)
2	Ĕ	H.L.M.	ART	ER 761	EATH (ITEM 27) (I	ýpe, Print)	· S	1 am	Ti	hen	nes_	Per	& ml
		NOV O	2°90	Julia Day	dama D.	2.00			7				
				0	111111111111111111111111111111111111111								DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

111

IF UNDER 1 YEAR DAYS

HOURS

CHARLES E. MOORE,

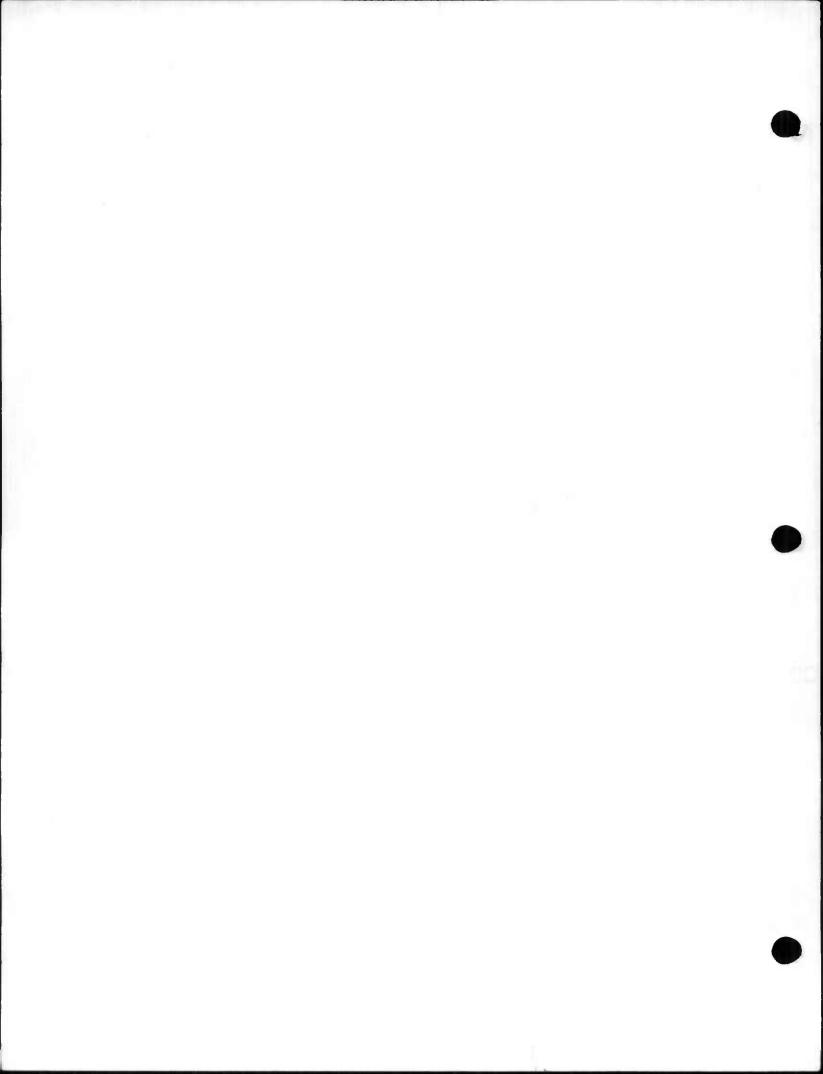
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5. SEX

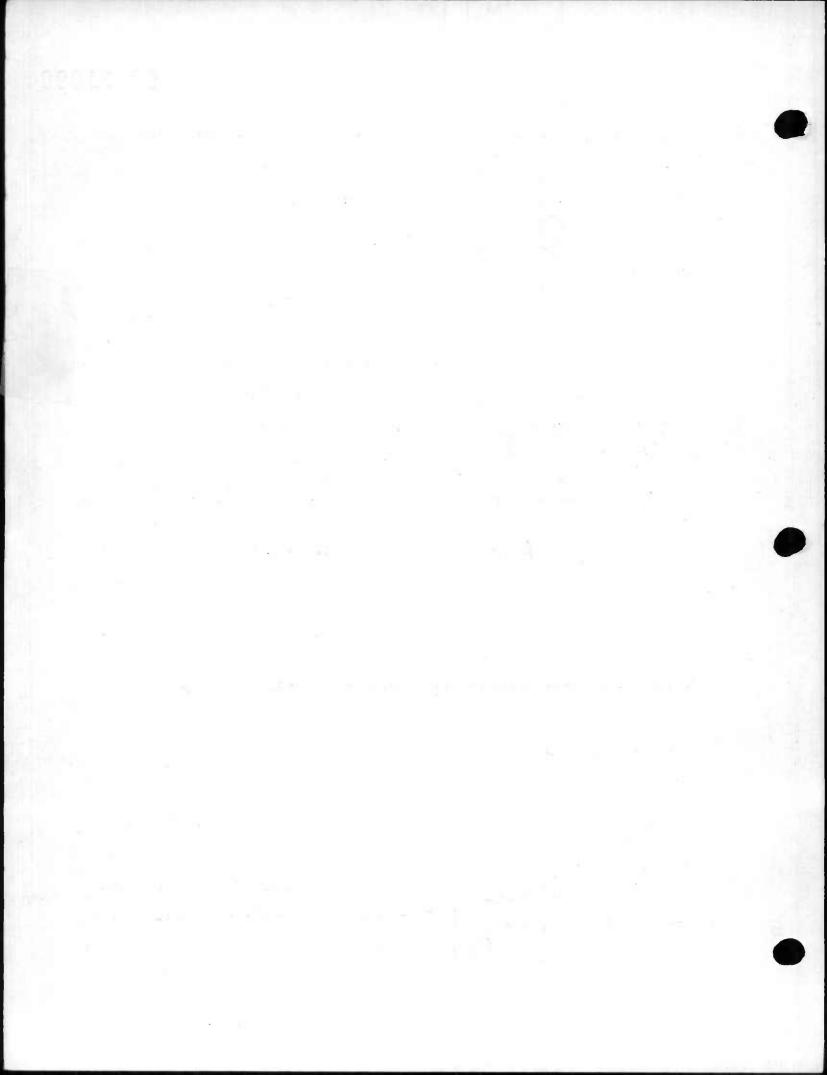
1 1 M 2 □ F

6. AGE (In yrs. last birthday)

YRS.



	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.					
	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH MONTH	DAY CY	(FAR 3.	TIME OF DEATH			
	KABIHP DA	MISRA RE	abindra N	ath Misr	a	10 3	1 9	PAR	4:00 A			
)	4. SOCIAL SECURITY NUMBER None	1 🔀 M 2 🗆 F 🗸	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 7,	1943	BIRTNPLA Country) Indi	ACE (State or Foreign			
СТОЯ	9a. FACILITY NAME (If not inetitution, give HOLY Cross Hospi RESIDENCE OF DECEDENT				or Location of D	EATN	9c. COUNTY Montg					
DIREC	10a. STATE 10b. COUNT Orissa	ГҮ		TY, TOWN OR LOCA	NTION				d. INSIDE CITY LIMITS?			
FUNERAL I	100. STREET AND NUMBER Chandi Road	7	10	-	of, ZIP CODE				T COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	Il yes, s		NIC ORIGIN? (Specify Y an, Puarto Rican, etc.) fy:	res or No— 14	Black, W	American Indian, thite, stc.			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT	S USUAL OCCUPAT work done during in use retired.)	ION lost of working	16b. KIND OF B	USINESS/INDUS		Indian			
OMPL	17. FATHER'S NAME (First, Middle, Last)	6	Senior Geologist Government of Ori						issa			
BE	Ramachandra Misr	'a	19b MARIN	G ADDRESS (Street		Kumari Dev		orfel				
5	Brajendra Nath M	lisra			Dr, Beth		20817	oow,				
	20a. METHOD OF DISPOSITION	2	0b. PLACE OF DISPO				LOCATION - CIT	y or Town,	State			
	1 Buriel 2X Cremetion 3 Res 4 Donation 5 Other (Specify)	noval from State	other place)	Suburbar	Cremato	ry S	ilver S	prin	g, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Rapp Funeral Services, P.A. MOO827 933 Gist Ave, Silver Spring, MD 20910											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTII	resulting in death) LAST	d										
MEDICAL	PART II. Other algnificant condition AN - X, L EN	ons contributing to death	but not resulting	in the underlyi	ng cause given in	Part I. 24a. WAS / PERF. 1 YES	AN AUTOPSY ORMED?	OF	ERE AUTOPSY FINDIN ARLABLE PRIOR TO OMPLETION OF CAUS F DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C	heck only one)						
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	Y 28b. TI	ME OF 28c. IP	me 5 Residence IJURY AT VORK? YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCU	RED				
ETED B	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUI	RY — Al home, ferm, becify)	, street, factory, off	ice	281. LOCATION (Stree City or Town, Sta		Rural Rout	le Number,			
COMPLE	tonion only	SICIAN: To the bast of my knoten: On the basis of axeminat							nd manner as stated			
TO BE	JUL SIGNA UPSEAND TITLE OF CENTUR	plan			29c. LICENSE NU	IMBER 675	29d. DATE 5	SIGNED (M	G-			
-	30. WHE AND ADDRESS OF PERSON W	it, my 1	1808 -	Potrona	aris his	#212	Rock	عااد	_			
	31. DATE FILEO (MONTO DOV. 100)	32. REGISTRAR'S SH	Davidson Ras	ndell								



8. BIRTHPLACE (State or Foreign Country)

Pennsylvania

YEAR 90

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

20852

20850-2805

Interval Between

Onset and Death

ACUTE

24b. WERE AUTOPSY FINDINGS

NED (Month: Day Wort

1 YES 2 XNO

7228

other traumatic event, the medical examiner attending physician and completely intal Hygiene prior to burial, cremati BOX 13146, law requires that the death certificate be DIVISION OF VITAL RECORDS, P.O. Injury, or Mental signed by the a item 23 shows any Health a реец Dept. s certificate has b The HOSPITAL OR ATTENDING PHYSICIAN: marked, or with this TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: If Ifem 28 is mark

PHYSICIAN:

BY

COMPLETED

BE 2

25. WAS CASE REFERRED TO MEDICAL

6 Could not be

EXAMINER

1 Netural

2 Accident

4 Homicide

3 Suicide

YES 2 NO

27. MANNER OF DEATH

Pages 1, 2, 3 shq

permit.

filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.

once.

70

notified

must be

cremation, or

be retained by the hospital or attending physician.

MARYLAND 21203-3146

BALTIMORE,

after death. Page 6 may

executed with

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TIME 1 | YES 2 | NO 28. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED COLLAPSED 1 YES 2 NO Home

26t. LOCATION (Street and Number or Rural Route Number City or Town, State)

#1

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as

28b. TIME OF

M

HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA

90

House

28a. DATE OF INJURY (Month, Day, Year)

29

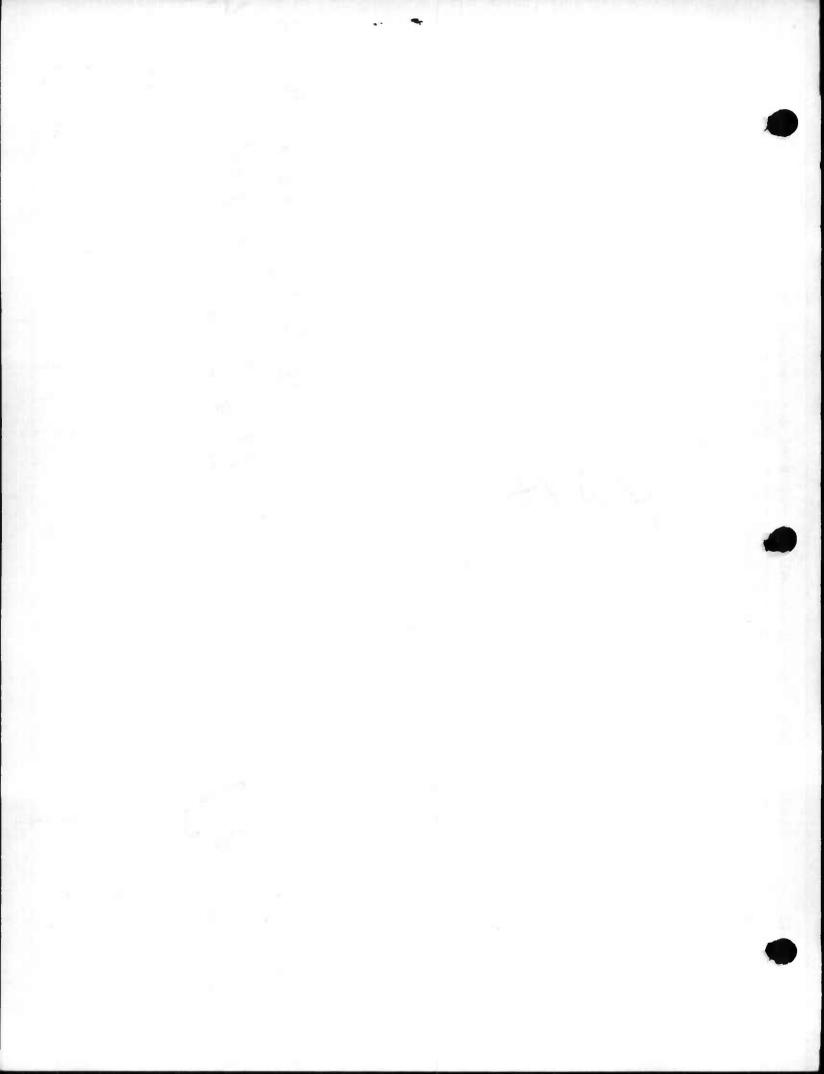
28e. PLACE OF INJURY — At he building, etc.,(Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time,

290. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER	28d. DATE SIG
Man Allulo	D07089	10/s
Control of the control	1001011	1.772

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8200 WISCONSIN AVE BETHERDAMD TAN CAS NOV 01 '91 who Davidson



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Degt. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

TO BE COMPLETED BY FUNERAL DIRECTOR

						9	0 3	3 892
1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			TAL HYGIEN REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last)	VIRGINI		205		ATE OF DEATH	~ - q	70	3. TIME OF DEATH 8 00 P M
4. SOCIAL SECURITY NUMBER 219-54-7918	1 - M 2 1XF	97 YRS. MC	UNDER 1 YEAR ONTHS DAYS	HOURS MIN,	ATE OF BIRTH Month, Day, Year) 11 - 28 -	9Z	Country	PLACE (State or Foreign ginia
90. FACILITY NAME (If not institution, give st 4650 QUIMBL				R LOCATION OF DEATH		0	NCE	G-EORGE
10a, STATE 10b, COUNTY	r GEORDE		OWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
100. STREET AND NUMBER 4650 QUINS	1			20705		122	IZEN OF WI	HAT COUNTRY? States
11. MARITAL STATUS 1 Never Merried 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	XX NO		ENDENT OF HISPANIC OF			14. RACE Black,	- American Indien, White, atc.
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos		16b. KIND OF BU	SINESS/INC		
5 years		Homemal	ker	[
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (FI	irst, Middle, Malden	Sumame)		
James B. Marcus				Ida Tro	enary			
19e. INFORMANT'S NAME (Type/Print)		196. MAILING AD	ODRESS (Street as	nd Number or Rural Route	Number, City or Tox	rn, State, Zip	Code)	
Jessie S. Marcus			as # 10					
29a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donetion 6 Other (Specify)	F	ort Linco	on (Name of can				d, Ma	aryland
21. SIGNATURE OF FUNERAL SERVICE LIC	Borgwa	wolf.	Borg	wardt Fune: Powder Mil	ral Home		ville.	, Md. 20705
23. PART i. Entar tha diseases, proshock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	B. AFTENIAL DUE TO (OR AS A	ach lina.	antar the mo		cardiac Dr reap	Iratory ar		Approximata interval Batween Onset and Desth Man v 44 S
resulting in death) LAST	d		_					
PART II. Other aignificant condition	s contributing to death b	out not resulting in	the underlying	g cause given in Part	i. 24a. WAS AF PERFO 1 VES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Check or	nly one)			
1 DYYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA 4	THER:	e 5 Rasidence 6 🗆	Other (Specify)			
27. MANNER OF DEATH 1 Description 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	URY AT 28d	DESCRIBE HOW	INJURY OC	CURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, stre	et, factory, offic	261.	LOCATION (Street City or Yown, State	and Numbe	r or Rural R	oute Number,
ana) Ad	ICIAN: To the best of my know) and menner ae stated.
296. SIGNATURE AND TITLE OF CERTIFIE	O Deput	y Medic	cuf	29c. LICENSE NUMBER	2			(Month, Day, Year)
Paul A. DEVOA	O COMPLETED CAUSE OF DE	eath (ITEM 271-Typo, Pi	isbury	Rd Hy	attor	ille	MD	20271

32. REGISTRAR'S SIGNATURE
Suria Davidson-Aandall.

'90

A TE AND THE TANK AND THE STATE OF THE STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

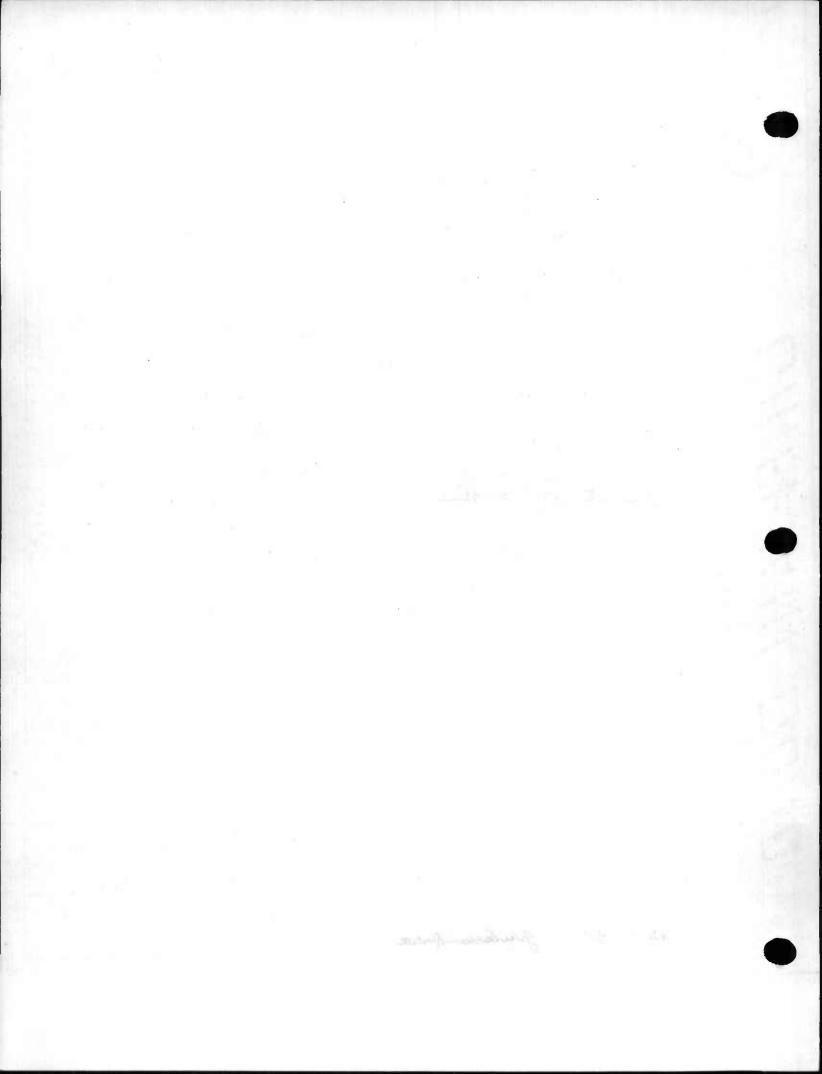
g phys	e buri		
IOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending phys	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burix		
al or	for us		
hospit	ached		Ce.
by the	be det		at on
ained t	ponid		lified
be reta	Je 5 s		e not
тау	or, pa		ust b
age 6	direct		E I
eath. P	uneral		amp
ifter d	the f	oval.	al ex
Surs	d in b	Or ren	medi
T 23.11	ly fille	ation,	the
I with	mplete	crem.	yent,
cecute	and co	burial	atic
e be e	sician	nior to	traum
rtificat	ig phy	jene p	ther
ath ce	ttendin	al Hyg	, or c
the de	the a	d Ment	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
s that	ned by	Ith an	any
equire	en sig	of Hea	hows
MP :	as be	Dept.	23 \$
N: The	Scate 1	State	Item
SICIA	certif	th the	d, or
IG PH	ter this	ath will	narke
ENDIN	DR: Af	her de	B is
TIA AC	RECT	burs al	6т 2
TAL (RALD	12 h	E H H
SS	UNE	APP.	M

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle	Lawara	d Lewis MO	RGAN		2. DATE OF DEATH		3. TIME OF DEATH		
Edwa	rd L. MI	lorgan)		11 8	3 9	10 3.46P M		
4. SOCIAL SECURITY NUMBER		MO	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)		BIRTHPLACE (State or Foreign Country)		
508-14-5130 Se. FACILITY NAME (If not institution	1 M 2 F 7	3	- CITY TOWN (OR LOCATION OF DE	Feb. 19,	1917 E	rostburg, Md.		
	County Hospital			gerstown	pain .		ington		
	COUNTY	10c. CITY, T	TOWN OR LOCAT	TION			10d. INSIDE CITY		
Maryland	Washington	Н	Hagerstown				1 YES 2 X NO		
104. STREET AND NUMBER	- V			1. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?				
34 West Long			1	21740		U.S			
11. MARITAL STATUS 1 Never Married 2 Marrie	Norma Marriad 2 Marriad FORCES? 1 YES 2 V NO				NIC ORIGIN? (Specify Yearn, Puerlo Rican, etc.)	e or No- 14	I. RACE — American Indian, Black, White, etc.		
3 Widowed 4 Divorced	IE VES GIVE WAR OR DATES!			2 NO Specify			Specify: White		
15. DECEDENT	r's EDUCATION	16a. DECEDENT'S US			16b. KIND OF BU	JSINESS/INDUS			
(Specify only higher Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind of work life. Do NOT use n	k done during mo etired.)	ist of working					
12	1	Superv	isor			cking			
17. FATHER'S NAME (First, Middle, L	-				AME (First, Middle, Maide				
James A. Mo					ret Lewis				
19a. INFORMANT'S NAME (Type/Pris					Route Number, City or To				
Julia Morgan		0b. PLACE OF DISPOSITI			Hagers		MQ . Z1/4U y or Town, State		
1 S Burial 2 Cremation 3 4 Donation 5 Other (Specific	☐ Removal from State	other place) Rest Hay					wn, Maryland		
21. SIGNATURE OF FUNERAL SERV	"	Trest ma		NO ADDRESS OF FA	CILITY		•		
12 let	Blank		/15	T 1721 -			uneral Home		
23 PART I. Enter the disease	ea, or complications that cause	ad the death, Do not	-				own, Maryland		
ahock, or heert fo	eliure. Liet only one cause on		Olicor Circ Circ	rue or ojg, car	4) an animon of 1221	billiatory with	Interval Between Onset and Death		
iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	· Cer	elral	In	farc	tean		2 WK		
	DUE TO (OR AS	A CONSEQUENCE OF):	1	l' .					
Sequentially list conditions,	b. OUE TO (OR AS	A CONSEQUENCE OF:	2 Clas	coses					
if any, leading to immediate cause. Enter UNDERLYING									
CAUSE (Disesse or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):							
resulting in deeth) LAST	d								
PART li. Other aignificent co	enditions contributing to death	but not resulting in	the underlyin	g cause given in	Part i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
		modert	110		1 YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					_ ' '	2 [[]	OF DEATH?		
					_		10 100 1 1		
25. WAS CASE REFERRED TO MED				LACE OF DEATH (Ch	heck only one)				
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 - ER/Ou		OTHER:	ne 5 🗆 Reeldence	6 Other (Specify)				
27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY WO	JURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED		
1 Natural 5 Pendii 2 Accident Investi	ng igation			YES 2 NO					
3 Suicide 6 Could 4 Homicide determ	not be building, atc. (Sp	RY — At home, ferm, atre secify)	ee1, lectory, offic	00	28f. LOCATION (Stree City or Town, Stat		Rural Route Number,		
29a. CERTIFIER 1 CERTIFYING	G PHYSICIAN: To the best of my kno	wiedos, desth occurred	at the time, deta	and place, and dur	a to the cause(a) and m	enner se stated			
(Oriotic Oriny	EXAMINER: On the basis of examinet								
29b. SIGNATURE AND TITLE OF C	ERTIFIER 7		. /	29c. LICENSE NU	MBER	29d. DATE S	SIGNEO (Month/Day, Year)		
150	ber Of Ca	mphell	MU	DO10	606	> /	1/9/90		
30. NAME AND ADDRESS OF PERS	BERT V.L	. (AM	Phe	1/11/	> HA	TGER:	STOUN Md.		
NOV 9 90	32. PEGISTRAP'S SIG	SON- AGNOLICA							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

- 74	1. DECEDENT'S NAME (First, Middle, Las	11)		FICATE OF		2. DATE OF DEA	TH DAY	YEAR .	TIME OF DEA
33	Howard W		EAKER	1		Nov.			IN KOU
Section 1	214-09-5429 9a. FACILITY NAME (If not institution, give	1 M 2 □ F	75 YRS.	MONTHS DAYS	HOURA MIN.	June 18	3 1915	Country)	Stown
TOR		d Hill Circle			agerstown				ngton
DIRECTOR	10e, STATE 10b, COUL	ashington	10c. Cf	TY, TOWN OR LOC Hage:	ation rstown				I. INSIDE CIT LIMITS? YES 2
FUNERAL	10e. STREET AND NUMBER 1747 F.dgewood 11. MARITAL STATUS 1 Never Merried 2 7 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DE	ECENDENT OF HISPA	en, Puerto Ricen, e	Ify Yes or No—		American Inchite, atc.
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	ITION 16s. DECEDENT'S USUAL OCCUPATION					Specify: White	
IPLETED	(Specify only highest grant (S		(Give kind al ille. Do NOT	f work done during ruse retired.)	nost of working	166. KIND C	Railr		
8 17. FATHER'S NAME (First, Middle, Le Marshall Mar 19e. INFORMANT'S NAME (Type/Print) Mary Manspeak		peaker				AME (First, Middle, A	faiden Surname)		
		r			d Hill Ci		or Town, State, Zip (217
	20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 R	20			cemetery, cremetory or		BC. LOCATION — C		
	· Probert (B. Rock	r				innich F		1 Hom
	23. PART I. Enter the diseases, cahook, or heert fallur IMMEDIATE CAUSE (Finel disease or condition	e. List only one cause on	each line.	not enter the n		ch ae cardiac or			Approxi
ATION	ahook, or heert fallur IMMEDIATE CAUSE (Finel	a. Lardia	each line.	not enter the n	pode of dylng, au	ch ae cardiac or	respiratory arre	at,	Approxim
ERTIFICATION	ahock, or heert failur IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate	a. List only one cause on a. Lavala DUE TO (OR AS DUE TO (OR AS C. POSSIBLE	each line.	OF): CERRO.	pode of dylng, au	ch ae cardiac or	respiratory arre	at,	Approxim
: MEDICAL CERTIFICATION	shock, or heert failure immediate cause. Enter UNDERLYING CAUSE (Dieesse or Injury that initiated events	a. List only one cause on a. Lovalac DUE TO (OR AS DUE TO (OR AS C. POSSIBL DUE TO (OR AS d.	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	OF): CAR OF): CERRO OF):	Possible 2DIAC	DISEAR A	E CCIDEN	24b. WE AMM CO OF	Approximinterval I
SICIAN: MEDICAL	shock, or heert failure immediate cause or conditions in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. List only one cause on a. Lavada DUE TO (OR AS DUE TO (OR AS C. POSSIBLE DUE TO (OR AS d. Lions contributing to death	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	or): C CA K OF): OF): g in the underlyi 26.	PLACE OF DEATH (C	DISEAR Pert I. 24a. v p theck only one)	CCIDEN AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WE AMM CO OF	Approxivinterval interval in Onnet as o
PHYSICIAN: MEDICAL	ahock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. List only one cause on a. Lavalac DUE TO (OR AS DUE TO (OR AS C. POSSIBL DUE TO (OR AS d. Iona contributing to death N/A. HOSPITAL: 1 Inpatient 2 ER/OL 28e. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	or): Corner: Corne:	POSSIBLE 2DIAC -VASCUA	DISEAR Pert I. 24a, w p 1 1 1 1 1 1 1 1 1 1	CCIDEN AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WE AW CO OF	Approxivinterval interval in Onnet as o
D BY PHYSICIAN: MEDICAL	ahock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. List only one cause on a. Lavara DUE TO (OR AS DUE TO (OR AS C. POSSIBL DUE TO (OR AS d. Iona contributing to death N/A. HOSPITAL: 1 Inpetient 2 ER/O. (Month, Day, Year) Due TO (OR AS DUE TO (OR A	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	orbic of the underlying of the	PLACE OF DEATH (COME & Residence NJURY AT NORKY?	Part I. 24a. v p 1	AS AN AUTOPSY ERFORMED? YES 2 NO NOW INJURY OCC	24b. WE AM COOP 1 [Approxivinterval interval interval interval in Onnet an O
BY PHYSICIAN: MEDICAL	ahock, or heert failur IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other algnificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not datarmined 29a. CERTIFIER (Check only 1 CERTIFYINO PH	a. List only one cause on a. Lavara DUE TO (OR AS DUE TO (OR AS C. POSSIBL DUE TO (OR AS d. Iona contributing to death N/A. HOSPITAL: 1 Inpetient 2 ER/O. (Month, Day, Year) Due TO (OR AS DUE TO (OR A	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting ripatient 3 DOA (28b. Till RY—At home, farm powledge, death occur	orbic content the not enter th	PLACE OF DEATH (Come & Residence NOUNTY AT NOU	Pert I. 24a, V P 1 Check only one) 8 Other (Special Color of Town of Town of Town of Town of the cause(e) as to the cause(e) as	AS AN AUTOPSY ERFORMED? YES 2 NO Street and Number of State)	24b. WE AMO CO OT Plural Route And.	Approxi- Interval Onset al Onset al Provided to the second of the secon

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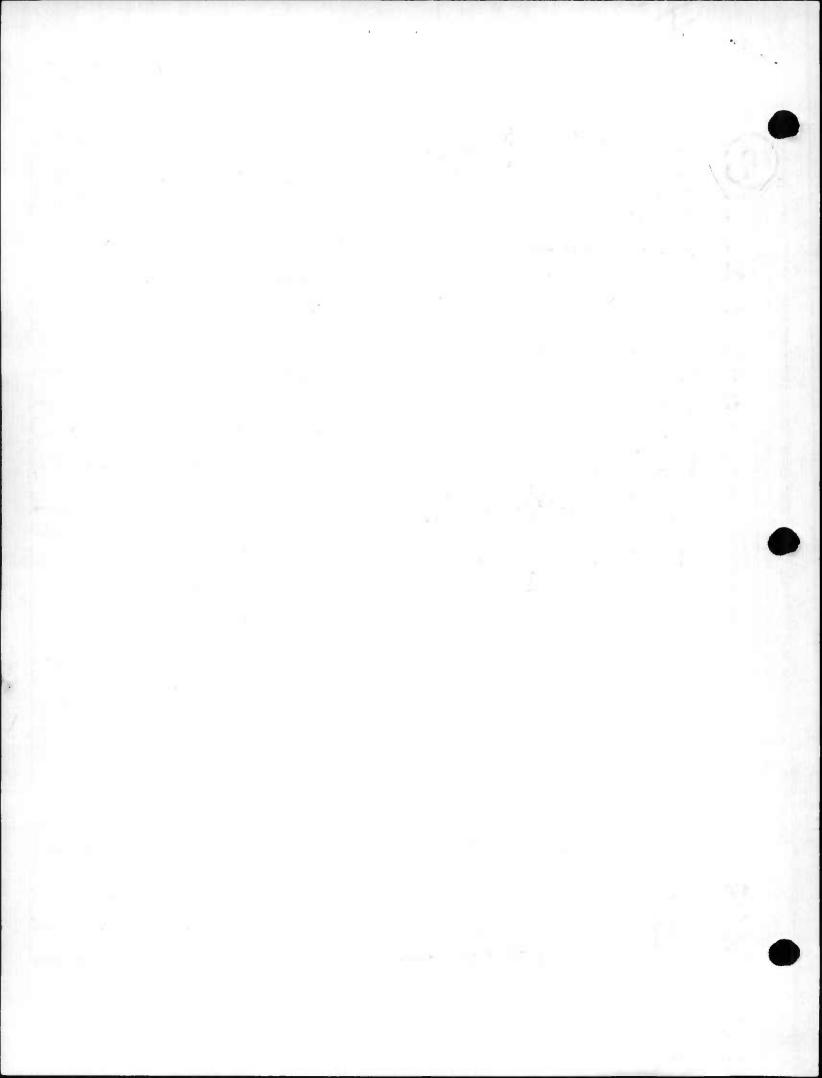


্ব	-	FOR STATE REGISTR	ΑĤ
1	1. D	ECEDENT'S	NA

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
7	1. DECEDENT'S NAME (First, Middle, Last) George C. ORE Jr. 2. Date of Death Month, Month, 17 Day 9 Far 3.05 PM;							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 90 YRS. 8. AGE (In yrs. last birthday) NONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) 10/4/1900 8. BIRTHPLACE (State or Foreign Country) Maxyland							
COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not Institution, give street and number) Peninsula General Hospital Salisbury, MD Wicomico RESIDENCE OF DECEDENT							
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Wicomico Salisbury 1 □ ves 2 ☑ No							
	106. STREET AND NUMBER 107. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 7 - Box 214 21801 USA							
	11. MARITAL STATUS 1 Never Married 2 Married 2 Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO IF YES, GIVE WAR OR DATES WW II 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whita, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.) 16. RACE — American Indian, Black, Whita, etc. 17. YES 2 NO Specify: White, etc. 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)							
	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Foreman Power Co.							
NA CE	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)							
6 m	George C. Moore Sr. Eva L. Harris							
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	Grace H. Moore Rt. 7 - Box 214, Salisbury, Maryland 21801							
	20a. METHOO OF DISPOSITION 1 M Burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other piece) Bates Methodist 20c. LOCATION - City or Town, State Snow Hill, Maryland							
Examiner must be notified TO BE	21. SIGNATURE OF FUNE A SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dennis Funeral Home 110 Franklin St., Snow Hill, Md. 21863							
any injury, or other traumant event, the medical DICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart fallure. List only one cause on each line. (MMEDIATE CAUSE (Final disease or condition reaulting in death) Due to (or as a consciuence of): My v Cavdi at Parchim.							
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. OUE TO (OR AS A CONSEQUENCE OF): SEVEN ECON MAY ATHEMS LIST SECULO . DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): ATHEMS LIST SECULO . DUE TO (OR AS A CONSEQUENCE OF): ATHEMS LIST SECULO .							
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? AMULABLE PRIOR TO COMPLETION OF CAUSE							
ME	Typestensen.							
E 5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSFITAL: OTHER:							
PHYSICIAN:	1 VES 2 NO Valing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO 26d. DEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO							
MPURIAN : IT ITEM 28 IS MARKED, OF O BE COMPLETED BY PHYS	2 Accident investigation 3 Suicide 8 Could not be detarmined 26a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 26b. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end placa, end dua to the cause(a) and manner as stated. Description of the basic of examination and/or investigation, in my opinion, death occurred at the time, data end placa, end dua to the cause(a) and manner as stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D 250.36 1 7 1 9 6							
۴	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) H. R. HUDGI. 614 EASTERN SHORE Drive SALISBURY.							
20	31. DATE FILED (Month, Day, Year) 32. PREGISTRAR'S SIGNATURAL SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA SURVEY SIGNATURA S							

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	FOR STATE REGISTRAR	STATE OF MARYI		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO			
1	1, DECEDENT'S NAME (First, Middle, Less	Mika			2. DATE OF DEATH MONTH DA	7 Q 6	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	1.8	ARTHPLACE (State or Foreign ountry)	
	198-18-9335	1 🗆 M 2 💢 F	(1) YRS.	NTHS DAYS HOURS MIN.	7-18-25	9	onnaulyania	
œ.	9a. FACILITY NAME (If not institution, give	CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH O			
OF.	University Hospital RESIDENCE OF DECEDENT			Baltimore		Baltimore City		
DIRECTOR	10a. STATE 10b. COUN		10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?			
	Md. Wo	oncesten	Uc	ean City 101. ZIP CODE		LAN CITIZEN	1 VYES 2 ND	
FUNERAL	400 /39th.	(44		2/6/	,			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPA		0 or No— 14.	RACE — American Indian, Black, White, etc.	
ВУ Е	1 Never Married 2 Married FDRCES? 1 YES 2 IF YES, GIVE WAR DR DATES			If yes, specify Cuben, Mexican, Puerto Rican, et		Specify: White		
EDE	15. DECEDENT'S EC	16s. DECEDENT'S US						
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) [College (1-4 or 5 +)]							
COMPL	12		At H	ome				
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)					
BE	John Wichalon	1905 MAII ING AD	Julia. Kasper. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
2	Stanley A. M.	ika		139th St. Oce				
	20s. METHOD OF DISPOSITION	20		ON (Name of cemetery, cremetery or		CATION - City		
	1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)			Lisbury Cremat	oru .	Salisbu	nu. Md.	
	21. SIGNATURE OF SUBERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
	Ullnich Funenal Home Benlin, Md.							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events							
MEDICAL CERT	PART II. Other significant conditi	one contributing to death	but not resulting in	the underlying ceuse given i	n Part I. 24e, WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
							1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EVALUATION 26. PLACE OF DEATH (Check only one)							
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)							
	27. MANNER OF DEATH 1 Natural 5 Pending	29a. DATE OF INJURY (Month, Day, Year)		Y WORK?	28d, DESCRIBE HOW	INJURY OCCUR	ED .	
B	2 Accident Investigatio	28s. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Bural Boute Number						
	3 Suicide 6 Could not b	not be building, etc. (Specify) City or Town, State)						
APLET	29s. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated							
TO BE	296. STONATURE AND TITLE OF GERTIFER 296. LICENSE NUMBER 29d. DATE SIDNED (Morith, Day, Year)							
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	31. DATE FILED (Month, Day, Year) 32. PEGISTRAR'S SIGNATURE							
10	31. DATE FILED (Month, Day, 16ar)	Julia Davida	on-Randopp					
U		7	or words po					



	als certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a		
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	te h	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and or them 23 shows any injury or other trainmatic event the medical examinar must be notified at once
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31. DATE FILED (Month, Day, NOV 07

								0 31031	
	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN REG. NO.	E		
٦	1. DECEDENT'S NAME (First, Middle, Last)	OKEY DA	RE NEEL	ΕY		2. DATE OF DEATH		3. TIME OF DEATH	
	Okey P.	Neeley				NOUL.	1 1	790 5:05 am	
		SEX 6. AGE (In)y7 M 2		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 6-20-1915		8. BIRTHPLACE (State or Foreign Country) Va.	
5	9a. FACILITY NAME (If not institution, give street of Southurn Man) RESIDENCE OF DECEDENT	and number)	ortal 96	CITY, TOWN O	INTON	ATH		TO GEOLGES	
DINECTOR	10a. STATE 10b. COUNTY	George's		dywine,				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
EUAL	10505 Cedarville F	Rd. Lot #4	•		ZIP CODE 0613		USA	ZEN OF WHAT COUNTRY?	
מסי זם	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	If yes, spe	NDENT OF HISPAN city Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Year n, Puerto Rican, etc.)	or No—	or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade complete that the grade complete that the grade (0-12) Complete that grade —	pleted) ollege (1-4 or 5+)	n. DECEDENT'S USU (Give kind of work life. Do NOT use rel Miner	done during mos		Mining	INESS/INC	DUSTRY	
E COM	17. FATHER'S NAME (First, Middle, Last) Ward Neeley					ME (First, Middle, Melden Bower	Surname)		
2	190. INFORMANT'S NAME (Type/Print) Ethel E. Neeley					ot #4, Bra		rine, Md. 20613	
	20s. METHOD OF DISPOSITION 1/A Burlai 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State 20b, PL	ACE OF DISPOSITION POR PIRCE DISPOSITION	N (Name of ceme Cemete	etery, cremetory or	20c. LO Ceda	cation -	City or Town, State 1e. Md.	
	21. SIGNATURE OF FUNERAL SERVICE HIGHNS	Ident	Ö.	The H	untt Fun Box 156.	eral Home, Waldorf,	Inc	•	
	23. PART Linter the diseases, or com							reat, Approximate	
	ahock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on each	line.					Intsrval Between Onset and Death	
١		CAMOLO (C	Espina	more	1 fan	WRE			
- 1	Total III			0	1				
ا ۶	Sequentially list conditions, b	ADVANC	ed y	rally	nance	7			
اؤا	if sny, leading to immediata	DUE TO (OR AS A CO				- 1			
3	CAUSE (Disease or injury C.	DUE TO (OR AS A CO		+		1			
ENITIMENTON	that initiated events resulting in death) LAST		Jes go	~				ĺ	
ایُ	PART II. Other aignificant conditions co	ontributing to death but	not resulting in I	he underlying	csuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
PHISICIAN: MEDICAL	Enaciale	0,00		4		PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Advance	(mety	Lau	1				OF DEATH? 1 YES 2 NO	
	Brase	Systemes	no-						
	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)			
		OSB/TAL:	ent 3 DOA 4	THER:	5 - Residence	8 Other (Specify)			
	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME O	F 28c. INJ	JRY AT	28d. DESCRIBE HOW	NJURY OC	CURED	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	r wo	ES 2 NO				
COMPLEIEUB	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	et, factory, office		281. LOCATION (Street City or Town, State)		r or Rural Route Number,	
4	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowleds	se, death occurred a	t the time date	end place, and rhis	to the cause/a) and ma	iner as at-	ted.	
2	CONSULT OF THE SECOND OF THE S	_						he cause(e) end manner ee stated.	
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
0	29b, SIGNATURE AND TITLE OF CERTIFIER	~			D246	44	29d. DA1	II 4/90	
2	30. NAME AND ADDRESS OF PERSON WHO CO								

32. REGISTRAR'S SIGNATURE
Julia Bairdson-Randalle

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IC INC NOSTING ON ALLIANDER THE WAY AND AND AND AND AND AND AND AND AND AND	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached on	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifited at once.
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TO BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ATT
MARIO F. GOLLE, JR., MD

31. DATE FILEO (Month, Day, 1981)

NOV 05 90

32. REGISTRAR'S SIGNATURE

Fulla Davidso

whia Davidson Randoll

	FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE				EALTH A		MENTAL	HYGIEN	E	90	31898
	1. DECEDENT'S NAME (First, Middle, Lest) JOSE	oh	Byron		N	olan			2. DATE O	0F DEATH -1-90 ^{DM}	NY	YEAR	3. TIME OF DEATH 11:30AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER 2		7. DATE C	OF BIRTH Day, Year)		6. BIRTNI	PLACE (State or Foreign
	216-94-5960	1 🔀 M 2 🗌 F	22	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	11, 1	968	Flo	
OR I	98. FACILITY NAME (If not institution, give str 3222 Spartan Road					y, MD	N OF DE	ATH		Montgomery County			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION		1 10				10d. INSIDE CITY
E	Maryland Monto	omery			Germ	anto	wn						LIMITS?
	10e. STREET AND NUMBER	7			002		ZIP CODE				10g. CIT	IZEN OF W	THAT COUNTRY?
ER	18701 Curry Powder	18701 Curry Powder Lane									Uni	ted	States
BY FUNERAL	11. MARITAL STATUS 1 🔀 Never Married 2	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yee, spe	ENDENT OF Icity Cuben 2 ANO	, Mexica	n, Puerto R	? (Specify Yea licen, etc.)	or No—	14. RACE Black Specif	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)												
P	12	Conege (1-4 of 5		Tech	nici	an			S	wimmir	g Po	ol	
CON	17. FATHER'S NAME (First, Middle, Last)		<u> </u>							fiddle, Melden	Surname)		
BE	Gerard D. Nolan								cGin.	-			
2	190. INFORMANT'S NAME (Type/Print) Irene F. Goley					A 1 - 111 - 1				oer, City or Tow urg, M			20878
	Irene F. Goley 4 Norwich Court Gaithersburg, Maryland 20 20c. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 5 Other (Specify) 6 Gate of Heaven Cemetery 7 Silver Spring 7 NAME AND ADDRESS OF FACILITY Robert A. Pumphre 8 Home/Rockvile, Maryland 2085 8 Avenue, Rockville, Maryland 2085								g, Maryland				
	23. PART i. Enter the dieeesea, or c ahock, or heart fellure. I IMMEDIATE CAUSE (Finel	ist only one cer	use on each line				de of dyle	ng, euc	h es cerd	flec or resp	iratory s	rrest,	Approximats interval Between Onset and Death
	disease or condition resulting in deeth)	ì	ot wound			t			· · · ·				
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST	oue to	(OR AS A CONSE	OUENCE (OF):								
MEDICAL CI	PART II. Other significant condition	s contributing to	deeth but not i	reeuiting	in the u	nderlyin	g cause g	given in	Part i.	24a. WAS AI PERFO	RMED?	7 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									_			2	XYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL						ACE OF D	EATN (C	eck only or	ne)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	4 Nu	R: Irsing Hon	6 5 XX	sidence	6 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF	Day, Year)	28b. TII	JURY	W	URY AT	7140		SCRIBE NOW			
ВУ	2 Accident Investigation		OF INJURY — At he		.1:00			S.Mo		bject			Route Number,
TED	Memicide datermined		, etc. (Specify)		Home				322	2 Spar	rtan	Road	Olney,
COMPLET	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE	CIAN: To the best o	f my knowledge, de	eath occur	rred at the	time, date	end plece	, and due	to the car	tgomer use(s) and mi	inher at a	unty the couse(, MD e) end menner se stated.
S	296/ SIGNATURE AND TITLE OF CERTIFIE	1 01	1	7)			29c. LICI	ENSE NU	MBER	_	29d. D/	ATE SIGNED	(Month, Day, Year)

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111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/89

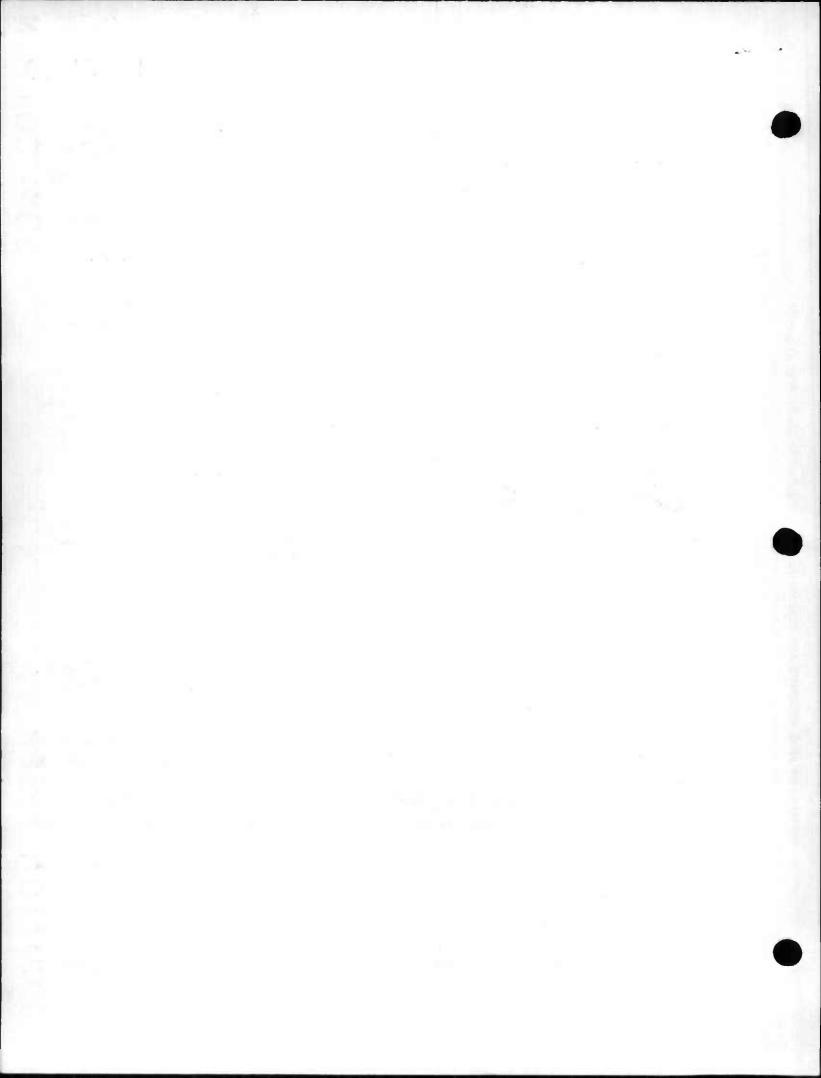
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TO BE COM	O DE COMPIETED DV BUVCICIANI MEDICAL CEDTICICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
i.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			OF HEALTH			HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Lest)	ACCLELLAN	NASHa :	sh			2. DATE OF	V.084	1990	EAR 3.	1:15PM
	4 SOCIAL SECURITY NUMBER 214-10-3311	5. SEX 6. AGE (In	76 yrs. lest birthday)	IF UNDER 1	YEAR IF UNDER	MIN.	7. DATE OF	2 1º9/1 /	8.	BIRTHPLA MATRY	CE (State or Foreign LAND
OR	96. FACILITY NAME (If not institution, give street and number) NORTHAMPTON MANOR NURSING HOME 96. COUNTY OF DEATH FREDERIC!										ČK
DIRECTOR	100. STATE 10b. COUNT	REDERICK	10c. CIT	BERTY	POWN	_			I. INSIDE DICY LIMITS 7		
FUNERAL (100. STREETZAND MANEEN ST.				10f. ZIP COD	217		10g. CITIZEN OF WHAS COUNTS			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, WAS OR DATES 13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Mexican, Pue 1 TYES 2 NO SPENIC							or No— 14	RACE — Black, W	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) CONTRACTOR 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) CONSTRUCTION										
BE CON	17. FATHER'S NAME (First, Middle, Last) GROVER NASH				16. MOT	HER'S NAI RUI	ME (First, Mid BY GAF	RVER	Sumame)		
TO E	190. INFORMANT'S NAME (Type/Print) GENEVIEVE B. NA		195. MAILING 11943	ADDRESS (A	Street and Number	r or Aural F	CIBER	City or Town	n, State, Zip Co	MD	21762
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOS	VET (CEMETER'	Y]	FREDER	ICK,	State MD & SONS
	21. SIGNATURE OF FUNERAL SERVICE LIC	O, Xan	Blev	22. N/	AME AND ADDRE		CILITY RTYTOV			ZLEN	& SONS
	23. PART I. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ee	The deeth. Do not line.	asor				or reapi	retory arrest	t,	Approximate Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	b	CONSEQUENCE OF	TASP	SES						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	e DUE TO (OR AS A	CONSEQUENCE OF	P):							
AL C	PART II. Other algnificant condition	na contributing to death bu	it not resulting i	n the und	arlying cause	given in	Part I. 2	4a. WAS AN			RE AUTOPSY FINDINGS
MEDIC		AODM					_	T YES 2	A	CO OF	MPLETION OF CAUSE DEATH?
	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF D	DEATH /Ch	eck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output	etlent 3 🗆 DOA	OTHER:	ng Home 6 □ R						
ВУ РН	27. MANNER OF DEATH 1 Anatural 6 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 2 URY M	8c. INJURY AT WORK?] NO	26d, DESC	RIBE HOW II	YJURY OCCU	RED	
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	itreet, factor	y, office			TON (Street a Town, State)	ind Number or	Rural Rout	Number,
COMPLET	one)	ICIAN: To the best of my knowle									d menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE		1		29c. LIC	ENSE NU				1	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	ζ'	32	171		• (1	187	90
		DERICK ST.	WAL	KERS	VILLE	no	217	193			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE TO E.	Googl	, M.D.						
	, ,,,	U	P.O. E								DHMH-16 Rev 1/89

P.O. Box 328 Walkersville, MD 21793 301-845-6336

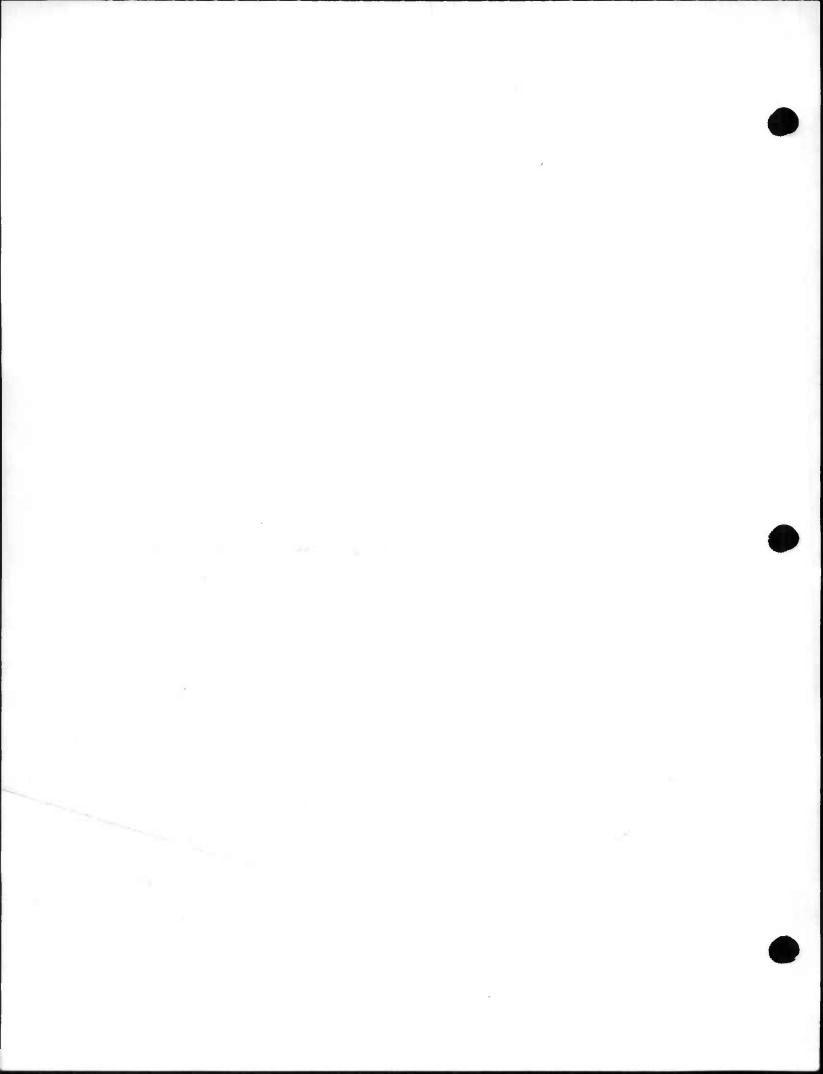


BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	JANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed within	and completel	matic event,
S. BOX	ertificate be	ing physician	other trau
, P.C	death c	e attendi	uny, or
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/ITAL	AN: The la	ificate has	r Item 2
OF V	PHYSICIA	this certi	rked, o
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DIVIS	OR ATT	DIRECTL hours aft	Item 28
	HOSPITAL	FUNERAL 72	ANT: If

TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death wi IMPORTANT; If Item 28 is marke

Pages 1, 2, 3

REG. NO. 1 DECEDENT'S NAME (First Middle Lest 2 DATE OF DEATH 3. TIME OF DEATN :40 10-3 Ö O'Donnell Vincent A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN IF UNDER 1 YEAR B. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 M M 2 | F 28. 579-07-3937 918 Dec. Pennsylvania 9e, FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carriage Hill Nursing Home Bethesda Montgomery RESIDENCE OF DECEDENT 10a, STATE 10h. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Chevy Chase 1 K YES 2 □ NO Montgomery FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 4601 N Park Ave. 20815 U.S.A. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 2 ND If yes, specify Cuban, Mexicon, Puerto Rican, etc.) 1 Never Merried 2 🕅 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced WW II White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementery/Secondary (0-12) College (1-4 or 5+) 4 Executive Director Trucking 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Peter Jerome O'Donnell Margaret Marie Ryan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lora O'Donnell Same as item # 10 20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Buriei 2 Cremation 3 Removal from State Donetion 5 - Other (Specify) Quantico Nat'1 Cem. Ouantico, VA 21, SIGNATURE OF FUNERAL SERVICE LICENSEE/ 22. NAME AND ADDRESS OF FACILITY
Joseph Gawler's Sons, Inc. ernon 5130 WI Ave. NW Wash., DC 20016 23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximate shock, or heert fellure. List only one cause on each line. terval Between Congestive Heart Failure Onset and Death **IMMEDIATE CAUSE (Fine)** disesse or condition DUE TO (OR AS A CONSEQUENCE OF): tharT Failure. resulting in deeth) arteriosclerosis C0000000 CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediata CAUSE. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25 WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nurs ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER DF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE NOW INJURY OCCURED 26b. TIME OF 1 Natural 5 Pending м 1 YES 2 NO ВҰ 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 29e, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE DF CENTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year) BE ander D08546 90 10 31-WO 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218 WISCONSIN asha bor ALR lau 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle NOV 02



once.

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should	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be flied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation; or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLA		MENT OF HEALT		NTAL HYGIENE			
i	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH			IME OF DEATH
	Lerov W	Pepple	~			MONTH DAY	199		2 45 PM
1	4. SOCIAL SECURITY NUMBER 5. S					DATE OF BIRTH			E (State or Foreign
	2.7 2.8 0000	M 2 □ F	86 YRS.	nths Days Hour	9	(Month, Day, Year)	1	may)	EYLAND
E I	SYKES VIIIC Elder		enter	SY RESI	ATION OF DEATH	mol	SC. COUNTY O	DEATH De	j .
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	CCIT C		OWN OR LOCATION			Crit	100	INSIDE CITY
DIRECTOR	md CARI	ROLL	5	VKes V	11/2	. L			LIMITS? YES 2 NO
	10s. STREET AND NUMBER	^	1	101. ZIP C	ODE	/	10g. CITIZEN C	F WHAT	COUNTRY?
FUNERAL	7309 Second F	WAS DECEDENT EVER IN	I S ARMED	T 12 WAS DECEMBEN	T OF HISBANIC O	ORIGIN? (Specify Yes	W No. 14 B) /7	vmerican Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO		yban, Mexican, Pr			lack, Who	ite, etc.
D BY	3 Widowed 4 Divorced		14- DECEDENTIA HOL			Les vinn or nice	NECO (NO.1027)	V	vhite.
ETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compl Elementary/Secondary (0-12) Col	(leted)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of wo	orlding	16b. KIND OF BUS	INESS/INDUSTR	Y	
COMPLET	The second secon	one	Labo	rer					
5 S	17. FATHER'S NAME (First, Middle, Last) Charles William	Poppler				First, Middle, Maiden S H. Lind			
BE	19a, INFORMANT'S NAME (Type/Print)	reppier	19h MAII ING AD	DRESS (Street and Num				h	
2	Emma Rule			lenoak A					214
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal 6	from State	other place)	ON (Neme of cometery,			ATION — City of		
	4 Donation 5 Other (Specify)	Me	tro Cre	matory,			timore	≥ , Ma	aryland
	Ph.A.K	Ermel		Burrie	er Fun	eral Ho	me		
-	23. PART I. Enter the diseases, or comp	olications that caused	the deeth. Do not			aryland		1	Approximate
	ahock, or heart failure. List	only ona cause on ea	ch lina.		,		attery attents,	l	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	CONGESTO	v3 CAR	piomyor	7144			į	months
	Trouting in dooring	0	CONSEQUENCE OF):		16				
NO.	Sequentially list conditions, b.		CONSEQUENCE OF):	1 IZCC GAP	H.				
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					i	
CER	d								
Ŋ.	PART II. Other algorificant conditions co			the underlying caus	se given in Par	rt I. 24a. WAS AN		AA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
ĕ	DENUN -031A-1	ाट ह्युग्जना	-OFFI			_ 1 _ YES 2	E NO	OF	DEATH?
M .:						-		יו	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				F DEATH (Check	only one)			
YSK	1 YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpa	ttlent 3 🗆 DOA 4	THER: Nursing Home 5					
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C			id. DEȘCRIBE HOW II	NJURY OCCURE	D	
B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, farm, stre			St. LOCATION (Street	and Number or Fit	ıral Route	Number,
COMPLETED BY	4 Homicide determined	building, etc. (Speci	TY)			City or Town, State)			
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN								
S S	one) 2 MEOICAL EXAMINER: Or	the basic of examination	end/or investigation,						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1941)			3368		29d. DATE SIG	S 9	
٩	30. NAME AND AGORESS OF PERSON WHO CO	./1	TH (ITEM 27) (Type, Pr	int)	VILLE	mo	2178		-
	M. M. CEVI Y 31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIGNA	TURE	34 KG	VILLE	1.11/	-110	7	
	NOV 7'90		n Pandelle						
-		17			_	_	_		

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE OF W	IAKYLA	CERTIF					MENIA	REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN			. TIME OF DEATN
NATALIA VA	ARONE PRO	DIGAI	LIDAD					NOV	7 4	19	90	3:35 A M
4. SOCIAL SECURITY NUMBER	5. SEX		yrs. lest birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTNPL Country)	ACE (State or Foreign
037-34-4435	1 M 2 X F	56	YRS.	MONTHS	DAYS	HOURS MIN. 12-24-33 Ita					ly	
9a. FACILITY NAME (If not institution, give :	street and number)			9b, CITY	, TOWN O	R LOCATIO	ON OF O	EATN		9c. COU	NTY OF OEA	TN
Malcolm Grow /	AFB Medi	cal	Ctr.	Cam	p S	prin	nas			Prin	nce C	Georges
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT												
Maryland Char	-		10c. CIT	Y, TOWN C	dor							Dd. INSIDE CITY LIMITS?
	103			wai					_	1		☐ YES 2 🗡 NO
302 Barksdale	Avanua				101.	ZIP CODE	2060	10		10g. CITI	USA	AT COUNTRY?
	7			Lin								
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES	2 NO		If yes, spe	city Cuber	n, Maxica	in, Puerto	i? (Specify Ye Rican, atc.)	a or No-		- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DAT	ES		1 TYES	2 🔀 NO	Specifi	y:			Specify:	ite
15. DECEDENT'S EDU	ICATION		16e. DECEDENT'S					168	KIND OF BU	ISINESS/IND		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of life. Do NOT u	work done (se retired.)	during mos	t of workin	g					
12		' I	House	wife)				Hor	ne		
17. FATNER'S NAME (First, Middle, Lest)						18. MOTN	IER'S NA	ME (First,	Middle, Maider	Sumame)		
Pasquale Varor	ne						Ire	ene	Giosi			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORES	S (Street an	nd Number			ber, City or Tox		Code)	
Eleanora Griss	sett		35 R	yon	Ct.	. Wa	aldo	orf,	Md.	2060)1	
20a. METNOD OF DISPOSITION		20b.	PLACE OF DISPO		_						City or Town	, State
1 Denailon 6 Other (Specify)	novel from State	T:	rinity	Mem	ori	al C	Gard	dens	Wa	aldor	of, N	ld.
23. PART I. Enter the diseases, prehock, or heert fellure.	complications the	t coused se on as	the death. Do	F	· 0	t F	une ox	ral 156.	Home Wal	dorf	, Md	. 20604-01.
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Respira					1	_					Criset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	(OR AS A	CONSEQUENCE O	F):	a or	_ lun	·g				Į,	
	d											+
PART II. Other algnificant condition	na contributing to	death bu	t not resulting	In the ur	nderlylng) cause g	given in	Part I.	24a. WAS A PERFO	RMED?	6	VERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	heck only o	ne)		1	
EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpa	itlent 3 🗆 DOA	OTHE	R: rsing Nome	6 Pa	eldence	6 Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE OF	INJURY	26b. TII	AE OF	26c. INJ	URY AT		Y .	SCRIBE HOW	INJURY OC	CURED	
1 Netural 5 Pending	(Month, D	ay, Year)	IN	JURY M	1 Y	RK? 'ES 2 [NO					
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY - atc. (Speci	At home, farm,	atreet, fac	tory, office				CATION (Street or Town, State		r or Rural Ro	ute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the basis of a									and due to ti	he cause(s)	
29b. SIGNATURE AND TITLE OF CERTIFIE	Lesto	M	ð			29c, LICE				> 4	YN	North, Day, Year)
TONI C. LARUFFA				e, Print)					MD 2			ENIEK

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely after funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Morth, Day, Year)
NOV 0 7 90

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a start death. Page 6 may be retained by the hospital or attending physician.

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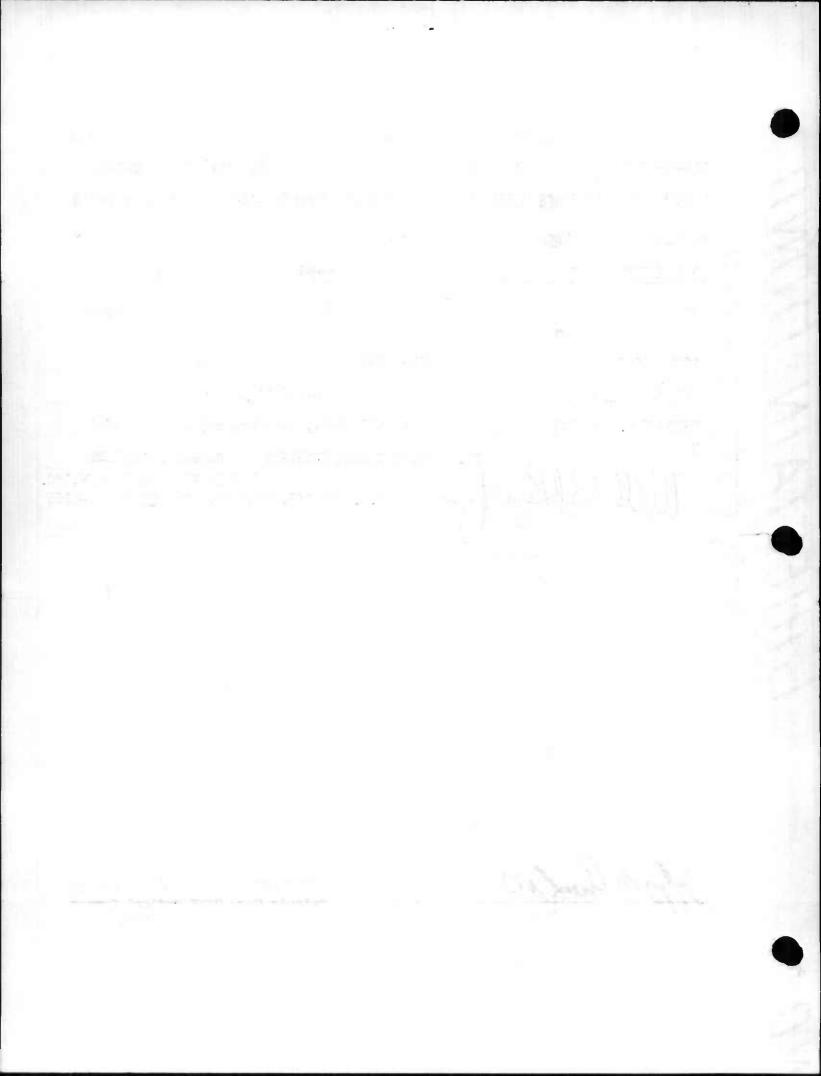
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF H ICATE OF		MENTAL HYG		
1. DECEDENT'S NAME (First, Middle EMMA	e, Lest) MARTHA	PRO	OKSCH		2. DATE OF DEAMONTH	TH DAY 19	3. TIME OF DEATH 90 12:22 p m
4. SOCIAL SECURITY NUMBER 334-32-7007	6, SEX 6. A	GE (In yrs. last birthday) 79 YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye JULY 29	H (1911	BIRTHPLACE (State or Foreign Country) GERMANY
9a. FACILITY NAME (If not institution MALCOLM GROW A				AIRFORCE	ATH	9c. COUNT	Y OF DEATH CE GEORGE'S
	COUNTY HARLES		Y, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		, Mr		. ZIP CODE			1 YES 2 X NO
1012 BREEZY CO	12. WAS DECEDENT EVI	ES 2 NO	if yes, sp	20601 ENDENT OF HISPAN solfy Cuben, Maxican 2 (X NO Specify:	, Puerto Rican, et	fy Yes or No— 1	4. RACE — American Indian, Black, White, etc.
3 X Widowed 4 Divorced 15. DECEDENT	T'S EDUCATION		USUAL OCCUPATION			F BUSINESS/INDU	Specify: WHITE
	College (1-4 or 5+)	(Give kind of v	vork done durina mo	st of working	105, 1410	N/A	
17. FATHER'S NAME (First, Middle, I	AUER			16. MOTHER'S NAM	PESCHK		
19a. INFORMANT'S NAME (Type/Pri				OURT, WAL			20601
20. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 4 Donetion 5 Other (Speci		ST. PETER	S CHURC	netery, crematory or	RY W	IALDORF.	ty or Town, State MARYLAND
21. SHOW TUPE OF FUNERAL SEE	Blown	5	22. NAME AP	ID ADDRESS OF FAC	THE H		NERAL HOME, INC. AND 20604-0156
23. PAN Poter the disease shock, or heart to immediate CAUSE (Final disease or condition resulting in deeth)	allure. List only one cause d a. Cardiopu DUE TO (OR A	wadh line.	rrest	de of dying, such	aa cardlac or	respiratory erre	st, Approximats Interval Batween Onset end Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR /	AS A CONSEQUENCE OF	F):				
PART II. Other significant co Coronary A	nditions contributing to dast	th but not resulting I	in the underlying	g ceuse given in i	PE	AS AN AUTOPSY ERFORMED? TES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Che	ck only one)		
1 VES 2 NO 27. MANNER OF DEATH	1 ☑ Inpatient 2 ☐ ER/	RY 28b. TIM	4 Nursing Hom	URY AT		y) HOW INJURY OCCL	PRED
3 Suicide 6 Could	getion 26e. PLACE OF INJ building, etc.	URY — At home, ferm, s	M 1 🗆	YES 2 NO	261. LOCATION (S City or Town,		r Rurel Route Number,
anal	G PHYSICIAN: To the best of my k				to the cause(a) an	nd manner as stated	
290. WOHAN HE AND TIPE OF	wel W			29c. LICENSE NUM		29d. DATE	SIGNED (Month, Day, Year) 29 Oct 90
/ 1/	M. CUSICK, CA				m Grow U		ical Center -5300

NOV 0 5 9U

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

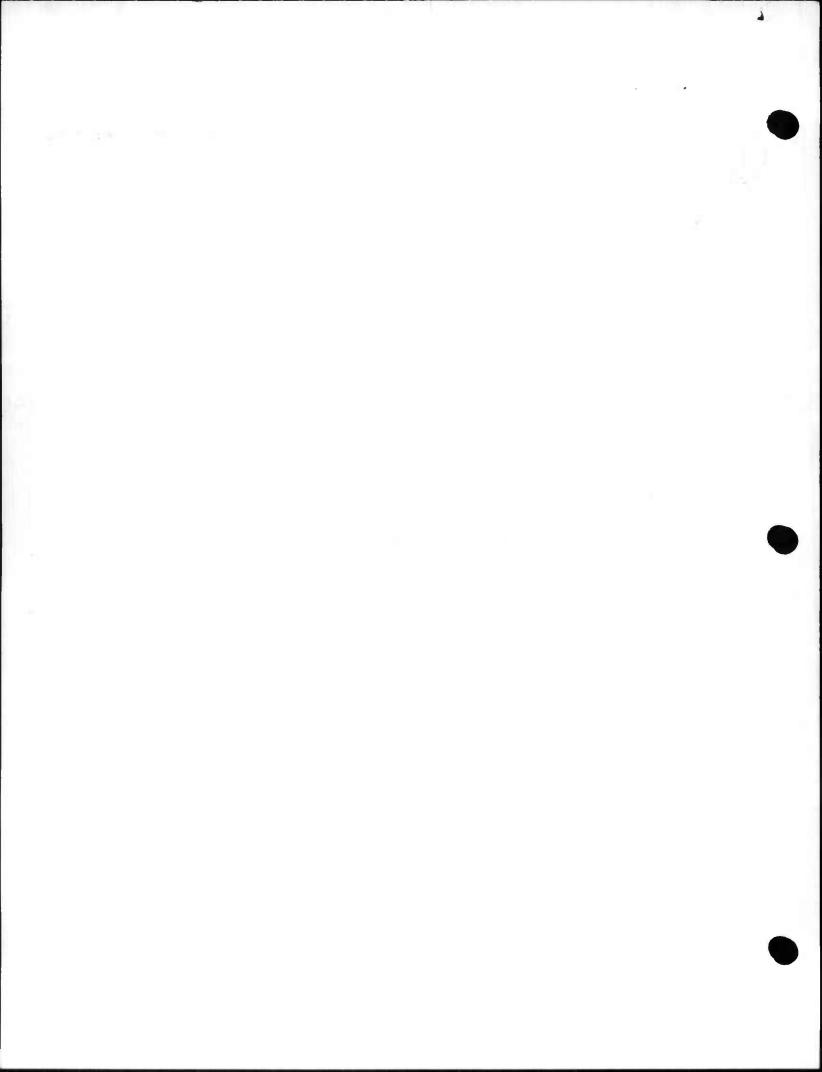
REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	N DAY	YEAR	3. TIME OF DEATH
DOVIE ELIZABE	TH POWELL				NOV. 3			6:05 P. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	1	8. BIRT	HPLACE (State or Foreign
216-22-5613	1 🗆 M 2 💯 F	88 YRS. MOI	ITHS DAYS	HOURS MIN.				ST VIRGINIA
9e. FACILITY NAME (If not institution, give a	treet end number)	96	CITY, TOWN C	R LOCATION OF OR			INTY OF	
MEMORIAL HOSPI	TAL		СИМВЕТ	RIAND		A1	LEG	ANII
RESIDENCE OF DECEDENT							LLG	
10e. STATE 10b. COUNT	(10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	EGANY	СИМ	BERLAI					1 YES 2 1 NO
10e. STREET AND NUMBER	7.011		101	. ZIP CODE		10g. Ci	TIZEN OF	WHAT COUNTRY?
BOWMAN'S ADDIT				21502			ISA	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEDENT EVER II FORCES? 1 TYES			ENDENT OF HISPAN ecify Cuben, Mexics			14. RAC Blec	E — Americen Indien, ck, White, etc.
3X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗌 YES	2) NO Specify	r:		Spec	WHITE
15. DECEDENT'S EDU	CATION	16e. DECEDENT'S USU	IAL OCCUPATION		THE KIND OF	F BUSINESS/IN	DUETOV	WIILLE
(Specify only highest grade	completed)	(Give kind of work	done during mo	at of working	100. KIND O	r bosiness/in	DUSINI	
Elementary/Secondary (0-12)	College (1-4 or 5+)	номем,			ном	E		
UNKNOWN 17. FATHER'S NAME (First, Middle, Lest)		110/MZ/M)	VICE IC	18 MOTNED'S NA	ME (First, Middle, M			
JOHN P. WILLIA	MS				TOOTHN			
194. INFORMANT'S NAME (Type/Print)		10h MAHUNG AD	DBESS (Street s	and Number or Rural		_	'in Code)	
PATRICIA LIEDU	1	the state of the s		- DUNK				
20a, METNOD OF DISPOSITION		b. PLACE OF DISPOSITION				c. LOCATION -		fown. State
1X Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	noval from State	other place) AVIS MEMO						D. MD
21. SIGNATURE OF FUNERAL SERVICE LI		AVIS MEMI		NO ADDRESS OF FA	<u> </u>			, ,,,,
Mb. 1. 4. 1	1		GEORG	E-UPCH	URCH FL	INERAL	но	ME, P.A.
Samay 1. Ge	Yhurch		202 (REENE	ST.CUME	ERLAN	D.M	D 21502
23. PART I. Enter the disasses or shock, or heart failure.	Complications that cause List only one cause on a	d the death. Do not each lina.	anter the mo	de of dying, suc	h as cardlec or	reepiratory a	rreat,	Approximate interval Between
IMMEDIATE CAUSE (Final	1	1 92		11 - 121	0			Onset and Death
disesse or condition resulting in desth)	. Antenso		-	Houit	14.8	1 bul		
	OUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list conditions,	b	A CONSEQUENCE OF):						
if any, leeding to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	A CONSEQUENCE OF;						
CAUSE (Disesse or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF):						-
that initiated eventa resulting in desth) LAST	,							
	d							
PART II. Other eignificant condition	ns contributing to death it	but not resulting in t	he underlyin	g cause given in	Part I. 24e. W	AS AN AUTOPS	7 24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Multi- i	marct	alexander	o de	ement		ES 2 NO		COMPLETION OF CAUSE OF DEATH?
		· ·						1 YE\$ 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 -		LACE OF DEATH (C)	neck only one)			
1 TYES 2 Nio	1 Inputient 2 ER/Out		THER: Nursing Nor	ne 5 🗆 Residence	6 Other (Specifi	y)		
27. MANNER OF BEATN	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O		JURY AT	28d. OEŞCRIBE I	HOW INJURY O	CCUREO	
1 Natural 6 Pending 2 Accident Investigation	1 2 2	100		YES 2 NO				
3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Spe	Y — At homs, farm, atre- ecify)	et, factory, offic	00	26f. LOCATION (S City or Town,		er or Rura	I Route Number,
4 Nomicide determined						141-1		
29e. CERTIFIER (Check only	BICIAN: To the best of my know	wiedge, death occurred a	it the time, date	end place, and due	to the cause(e) sn	d menner es s	tated.	
one)	ER: On the basis of examination	on end/or investigation, i	n my opinion,	death occured at the	time, date end pla	ce, end dus to	the couse	e(e) and menner ee stated.
29b. SIGNATURE AND TITUE OF INSTITUTE	ir A			29c. LICENSE NU	MBER	29d. D	ATE SIGNE	ED (Month, Day, Year)
18/150	my			D1486		•		5/90
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pri	int)					
ROBUSTIANO BAR	RERA, M.D.	-MEMORIAI	. HOSI	ITAL MI	ED BLDG	CHMB	ERI.	AND . MD21503
31. DATE FILED (Month, Day, Year)	Jan doon-hunder	NATURE			- 2229	Camp	~ (L)	· · · · · · · · · · · · · · · · · · ·
10V 07 1990 guille.	newason-Municipal							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages § 2.3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DEP. MED. EX. NOTIFIED & APPROVE IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



al-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-

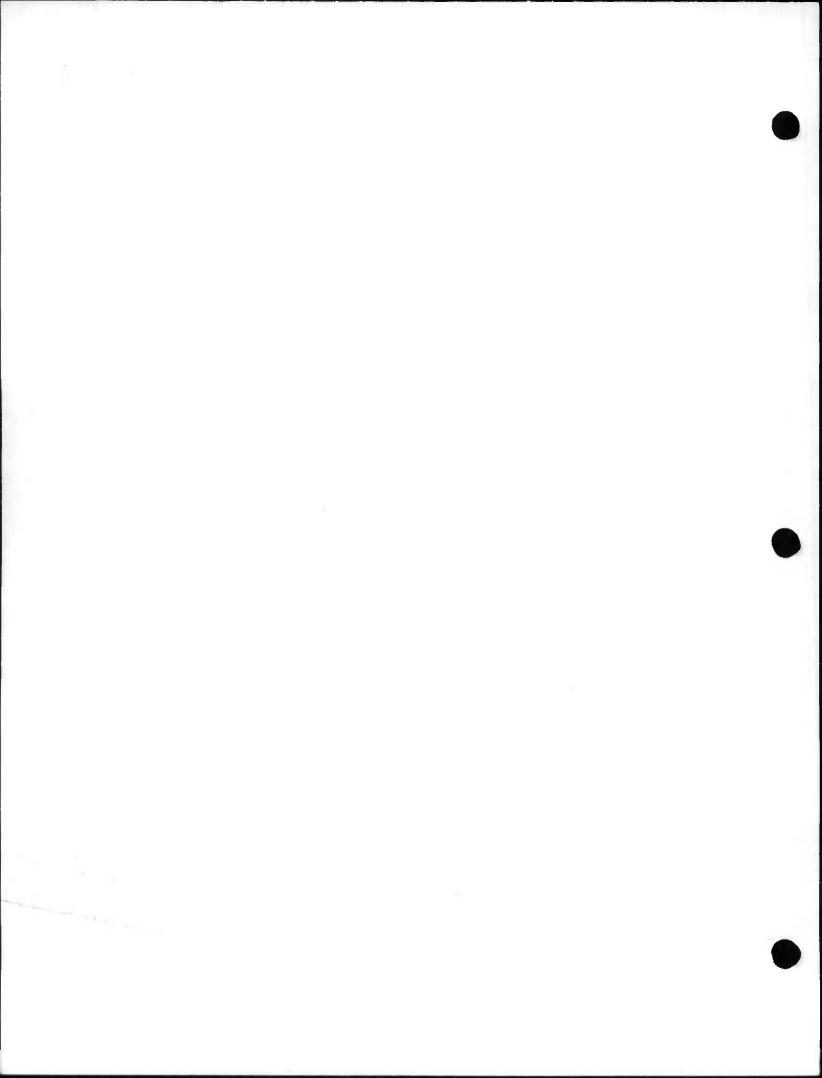
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CATE OF	DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) TEMPA PARSELL	MA PARSI	ELL		2. DATE OF D	EATH DAY	YEAR	3. TIME OF D	EATH		
					11	05	90	5	AM		
			IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BI (Month, Day,	Year)	Coun	HPLACE (State of try)	r Foreign		
	578-24-2012 10 M2 DF 94	YRS.				2-1896		Ohio			
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) HILLHAVEN NURSING COME RESIDENCE OF DECEDENT	R, INC.	ADELP		EATH	9c. C	P. (
EG	10a. STATE 10b. COUNTY	10c, CITY,	TOWN OR LOCATI	ON				10d. INSIDE C	YTK		
뚬	Maryland Montgomery		Silve	r Spring	3			1 YES 2	□ NO		
FUNERAL	100. STREET AND NUMBER 11606 Michale Court	•	10f.	ZIP CODE 209	904	10g. (10g. CITIZEN OF WHAT COUNTRY? USA				
B	11. MARITAL STATUS 1	Blac	ck, White, etc.	ndlen,							
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Ide. DECEDENT'S L	JSUAL OCCUPATIO	N tinf wadking	16b. KING	OF BUSINESS	INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)		ork done during mos	t or working	0.11	m homo					
MP	1-12 4 years	ноте	naker			n home					
	17. FATHER'S NAME (First, Middle, Last) Richard B. Kenton			16. MOTHER'S NA Minnie			e)				
BE	18a. INFORMANT'S NAME (Type/Print)	105 11411 1110	ADDRESS (Street an			0	Zin Codel	_			
2	David E. Parsell		Michale					20904			
			ITION (Name of cem		i	20c, LOCATION		Town, State	-		
	1 Deuriel 2 Cremetion 3 Removal from State	other place)	incoln C					Marylan	ıd		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22 NAME AN	D ADDRESS OF FA	CILITY						
4	- Clause & Klark	2		/Rinaldi N.H. Av				MA 2	0004		
	23, PART i. Enter the diseases, or complications that caused to	the death. Do no						Approx			
	shack, or haert fellure. Liet only one ceuse on eed in MEDIATE CAUSE (Final disease or Condition reculting in death) Due To (OR AS A C		NONITI	S					and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OBS CONSEQUENCE OF	TRUCT)		11-MO	NARY	Mn	Mat.			
LC	PART ii. Other significant conditions contributing to death but	t not resulting in	n tha undarlying	cause given in	Part i. 24a	. WAS AN AUTOP	SY 24	b. WERE AUTOPS			
PHYSICIAN: MEDICAL	CONGESTIVE HEATER F	ALUR	E		10	PERFORMED?		AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE		
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Ch	neck only one)						
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/Output	tlent 3 DOA	OTHER:	5 🗆 Rasidence	8 Other (Sp.	ectfy)					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIMI INJI	E OF 28c. INJUNY WO	RIC?	28d. DEŞCRIE	BE HOW INJURY	OCCURED				
	3 Suicide 8 Could not be building, etc. (Specification of the detarmined)	At home, farm, s	treet, factory, office		28f. LOCATIO City or To	N (Street and Nur wn, State)	mber or Rura	l Route Number,			
COMPLETED	29s. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: On the basis of examination							e(a) and manner	na stated.		
BE	296. SIGNATURE AND TITLE DF CERTIFIER	ine	m	DZO	0 9	29d.	DATE SIGNE	ED (Month, Day,)	(bar)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT Pamula Mulshine, MD.	TH (ITEM 27) (Type,		VER S	PRIN	16 M	1 21	0904			
	31. DATE FILED (Morrith, Day, Volar) 32. JEGISTRAB'S SIGNATURE NOV 0 7 90 Julia Davidson Randalle										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be field within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

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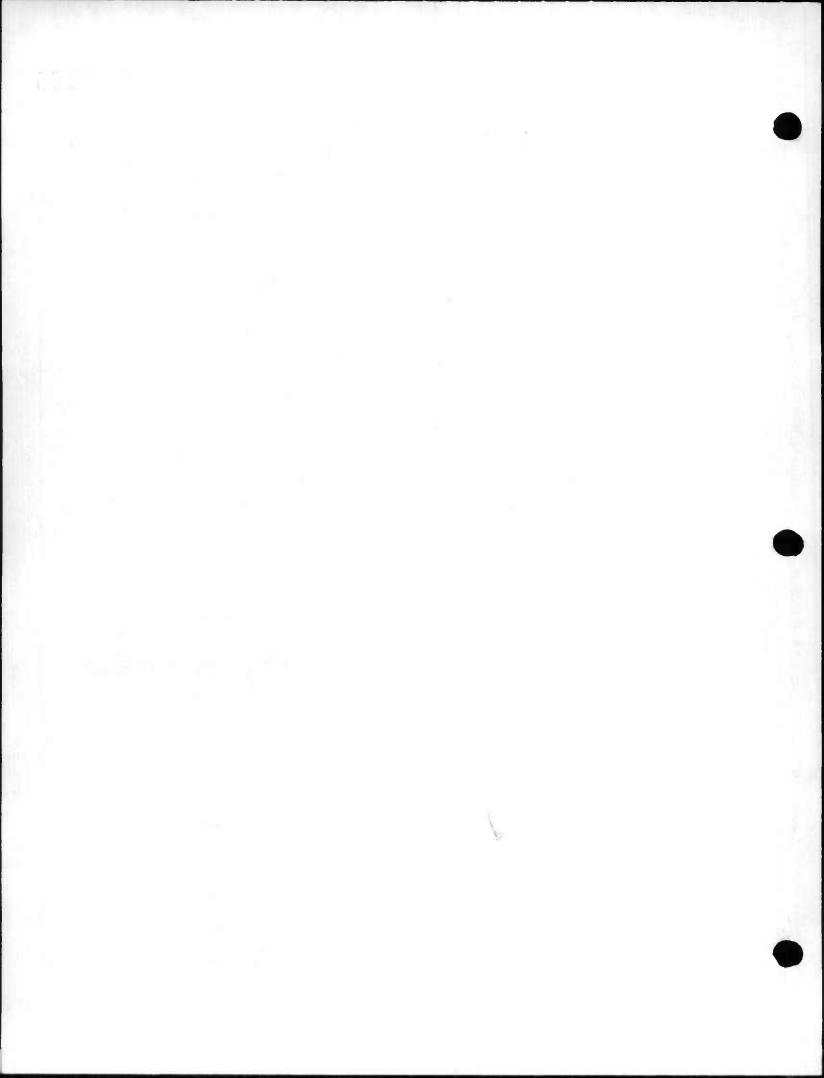
12



	1. DECED 'S NAME (First, Middle, Last)	Pos	e	Pat	- A14	2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 062-09-1021	S. SEX S. AGE	(In yrs. last birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or For Country) Russia
CTOR	90. FACILITY NAME (If not institution, give a HELDEN Have RESIDENCE OF DECEDENT	street end number)	vrsh	96. CITY, TOWN	OR LOCATION OF DI	1-1-0		Y OF DEATN
DIREC	10e. STATE 10b. COUNT	gomery	1	ry, town on Loca ethesda	TION			10d. INSIDE CITY LIMITS?
ERAL	100. BTREET AND NUMBER 5813 Greentree R			10	20817	J		N OF WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, sp		NIC ORIGIN? (Specify ' an, Puarto Rican, etc.) fy:	Yee or No- 1	t. RACE — American India Black, White, etc. Specify: White
MPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) & N K NO W N		(Give kind of life, Do NOT u	usual occupati work done during me ise retired.)	oat of working		Manufa	
BE COMP	17. FATNER'S NAME (First, Middle, Last) Harry Portnoy				Jenn	•	wn)	
10	19a. INFORMANT'S NAME (Type/Print) Morton Nashman 20g, METNOD OF DISPOSITION	(Nephew)	5813	Greentre	ee Road;	Bethesda,	Md. 2	
	1 X Buriel 2 Cremetion 3 X Rem 4 Donation 5 Other (Specify)	noval from State	Mt. Hebr	on Cemet	ery	F	ushing	, N.Y.
	· lel S.	Kin						HAPELS, INC e, Md. 2085
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. BILATER DUE TO (OR AS	A CONSEQUENCE O	P DE	CUBIT	1,		Onset and
MEDICAL	PART II. Other significent condition	osteur f		in the underlying	ng cause given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FI AMILABLE PRIOR COMPLETION OF C DF DEATH? 1 YES 2 R
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	duction 2 DOA	OTHER:	PLACE OF DEATH (CI	heck only one) 6 Other (Specify)		
У РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE NO	W INJURY OCCU	RED
ETED B	3 Suickle 6 Could not be 4 Nomicide determined	26e. PLACE OF INJUR building, atc. (Sp	RY At home, farm, ec/ly)	street, factory, offi	ce	261. LOCATION (Stree City or Town, Str		r Rural Route Number,
COMPLE	(onesi one)	BICIAN: To the best of my kno ER: On the basis of axaminat						
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE P. Talwa	1, MO			29c. LICENSE NU D365		29d. DATE	BIGNED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WITH	HR 6121	MONTE	o, Print)	AD R	DCKAVIL	LEN	1D 2085)
	NOV 05 90	32. REGISTRAR'S SIG	dan Rande	00				

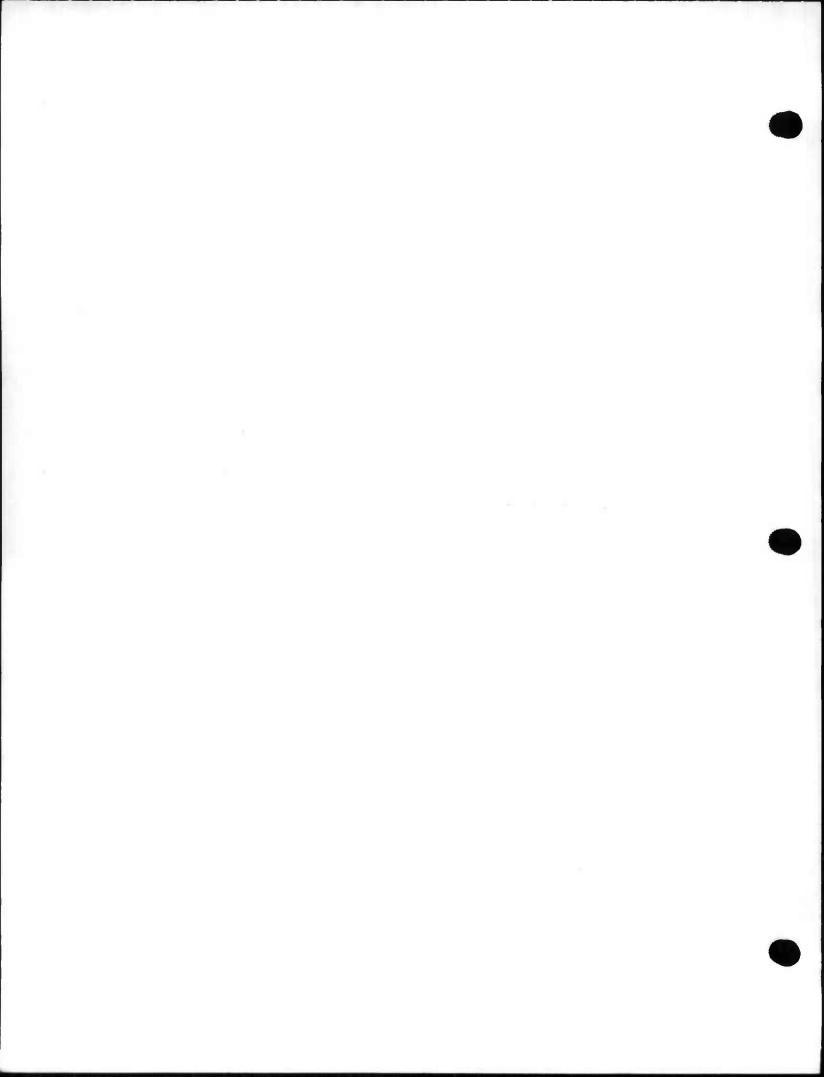
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



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TO THE HOSPITAL DR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified 📰

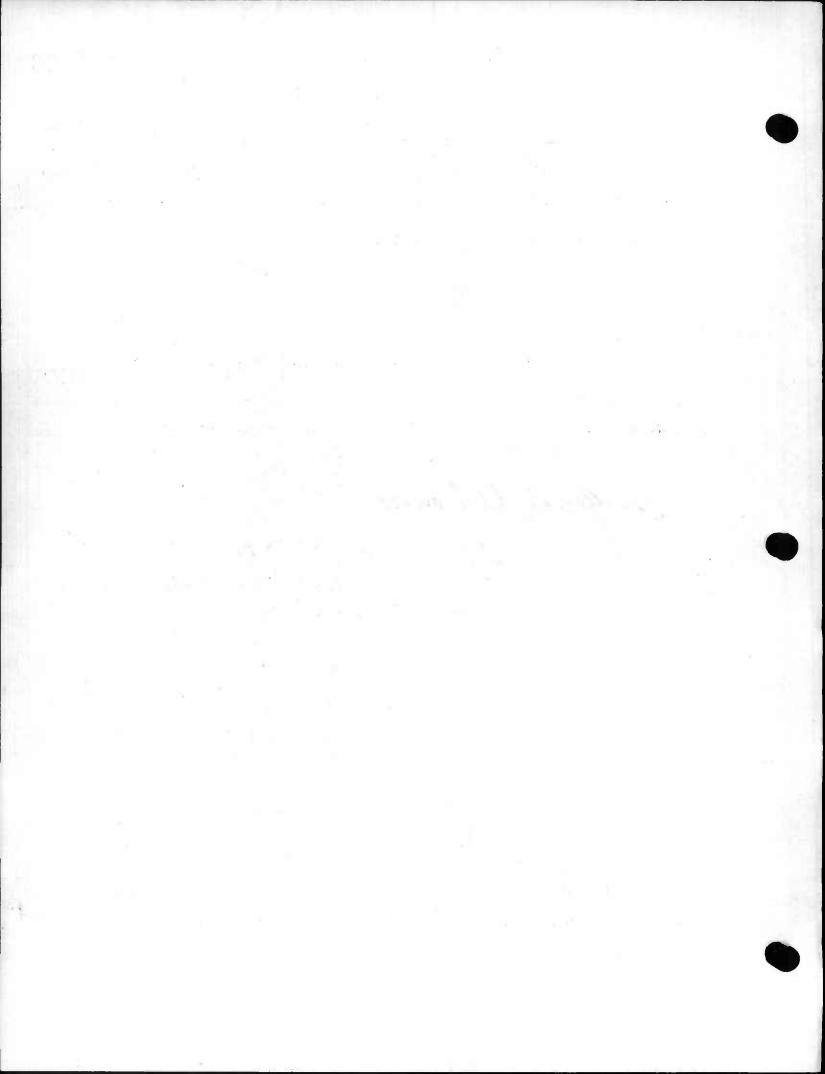
1	1 - STATE OF N		RTMENT OF H	EALTH AND ME DEATH	NTAL HYGIENI REG. NO.	E 9	0 31907
	1. DECEDENT'S NAME (First, Mijodile, Last)	gline Pol	+	2	DATE OF OEATH		
	4. SOCIAL SECURITY NUMBER 351-095197 1 □ M 2 □ F	6. AGE (In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTN (Month, Day, Year)	C	HATHPLACE (State or Foreign country) 11inois
OR	9a. FACILITY NAME (If not institution, give street and number) Shooty Grove Adv Ho	16P.	Pb. CITY, TOWN C	R LOCATION OF DEATI	N (9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	10c. CI	ry, town or locat	ION SOLTA	ush /		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	CIPALT	Apt. F	ZIP CODE	1		of what country?
BY FUNERAL	1 Never Married 2 Married FORCES? 1	T EVER IN U.S. ARMED YES 2 NO	13. WAS DEC	ENDENT OF NISPANIC selfy Cuban, Maxican, I		or No— 14.	RACE — American Indian, Black, White, etc.
	3 - Widowed 4 Divorced IF YES, GIVE W	18a, DECEDENT'S	USUAL OCCUPATION	2 X NO Specify:	16b, KIND OF BUS		White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 - 1 2	(Give kind of life. Do NOT u	work done during mo use retired.)	st of working	Insuran		
WO	17. FATHER'S NAME (First, Middle, Last)	0101100	I WOLKOL		(First, Middle, Maiden		pairy
Ö	George Jachowicz			Anna (UN	KNOWN)		
BE	19s. INFORMANT'S NAME (Type/Print)	19b, MAILIN	G ADDRESS (Street a	and Number or Rural Rou		n, State, Zip Coo	le)
5	Thaddeus J. Polit Sr.	12822	Locbury	Circle A	pt. F Ger	mantow	n, MD 20874
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPO other place) Gate of H	SITION (Name of cer	netery, crematory or	20c. LO	CATION — City	
İ	21. SIGNATURE OF FUNERAL SETUCE DICEMBEE	_ 0000 01 1.	7	ND ADDRESS OF FACIL			al Home
	12. A.2.				10 East	Deer	Park Drive aryland 20877
	23. PART I. Ental the diseases, or complications the		not anter the mo	de of dying, such a	na cerdiec or reapi	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	Λ	10.	Arres	1		Onset and Death
	disease or condition a		ratory	HILLE?	5 1		
z	Br.	COR AS A CONSEQUENCE O	lastas	295			
ATIO	If any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF	OF):	n Car	Cinou	10	
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	(OR AS A CONSEQUENCE	OF):	-			
ÄL	PART II. Other algnificant conditions contributing to	death but not resulting	in the underlyin	g cause given in Pa	ert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC					1 YES 2	! □ NO	OF DEATH?
×					_		1 TYES 2 NO
ž	25. WAS CASE REFERRED TO MEDICAL			LACE OF DEATH (Check			
PHYSICIAN:	EXAMINER? HOSPITAL:		OTHER:				
ξ	27. MANNER OF DEATH 28s. DATE OF	ER/Outpetient 2 DOA INJURY 28b, TI		JURY AT 2	Bad. DESCRIBE NOW	NJURY OCCUR	ED
BY P	Neturel 5 Pending (Month, (Day, Year) II	M 1	YES 2 NO			
		OF INJURY — At home, farm, atc. (Specify)	, street, factory, offi	2	281. LOCATION (Street City or Town, State)		Hural Houte Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of						suse(a) and menner as stated.
TO BE (29b, SIGNATURE AND TITLE OF CERTURE	wo		29c. LICENSE NUMB	138	29d. DATE SI	GNED (Month, Day, Year)
F	Dane Dane Tales	, MD	19511	Doetor	S.Pr.	Geni	rantown MD
	31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNATURE Davidson-Rand	A00.				
	NUV U5 '9U gunu	- handasar-hand	All the state of				



-		127-10-0791	
should		9a. FACILITY NAME (If not institution, give a	treet and num
60 80	Œ	Holy Cross Hospi	401
2	6	Holy Cross Hospi	. LaI
es	E	10a. STATE 10b. COUNT	Y
permit. Pages	BY FUNERAL DIRECTOR	Maryland Monte	gomery
ermi	AL AL	10e. STREET AND NUMBER	Z
150	EB	5704 Lenox Road	
lan. trar	5	11. MARITAL STATUS	12. WAS DE
25	1	1 Never Married 2 X Married	FORCE
188		3 Widowed 4 Divorced	IF YES,
	BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	
8 3	ini i	Elementary/Secondary (0-12)	College (1
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detac	ő	17. FATHER'S NAME (First, Middle, Last)	
be at	O	Michael Pietro	
should	8	19a. INFORMANT'S NAME (Type/Print)	
5 should notified	9		
ay be		Myong Ho Pietro	
ICIAN: The law requires that the death cardificate be executed within Activious after death. Page 6 may be retained by the his sentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,		20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem	oval from \$
director, director,		4 Donation 6 Other (Specify)	
al d		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE
death. Page e funeral dir ul. examiner		1 0 -11	0
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within a nours after operety filled in by the cremation, or removal rent, the medical e		23. PARTA. Enter the diseases, or shock, or heart failure.	
no be of		IMMEDIATE CAUSE (Final	Liet Only 0
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n certificate be executed hiding physician and con Hygiene prior to burial, or other traumatic et	S	Sequentially list conditions,	b
an se e	Ē	If any, leading to immediate	
ysici prio	3	CAUSE (Disease or Injury	c
entifica ing phy giene other	正	that initiated events	
h cer Hyg Or o	F	resulting in death) LAST	4
the death certificate be the attending physician in Mental Hygiene prior to fully, or other traun	빙		0
requires that the deal seen signed by the att of Health and Merra shows any injury,	4	PART II. Other significant condition	na contribu
d by and and my in	0		
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ICIAN: The law requires that the sertificate has been signed by the State Dept, of Health and or tiem 23 shows any it.	HYSICIAN: MEDICAL CERTIFICATION		
he Line De De De De De De De De De De De De De	Y.	25. WAS CASE REFERRED TO MEDICAL	
N: The ficate t State	20	EXAMINER?	HOSPIT 1 X Inpati
Certificial the	\(\tilde{-}	27. MANNER OF DEATH	28a, 1
this with	4	1 Netural 6 Pending	(1
After this death with s marked	BY	2 Accident Investigation	
NDIN R. Aff		3 Buicide 8 Could not be	28a. F
TO THE HOSPITAL OR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this o be filed within 72 hours after death with IMPORTANT: If Nem 28 is marked.	COMPLETED	4 Homicide determined	
OR A DIREC Hours	4	29a. CERTIFIER	ICIAN, T- 4
TAL DAL DAL DAL DAL DAL DAL DAL DAL DAL D	4	(Check only XX CERTIFTING PHYS	
HOSPITAL FUNERAL WITHIN 72	0	2 MEDICAL EXAMIN	EH: On the bi
E FU	0	296. SIONATURE AND TITLE OF CERTIFIE	R a
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265₹	2	30. NAME AND ADDRESS OF PERSON WI	10 COLUMN ST
1		H JU. HAME AND ADDRESS OF PERSON WI	TO COMPLET

FOR 1 - STATE REGISTRAR		STATE OF I			TMENT OF			MENTAL HYGIEN	_	50	01000
1. DECEDENT'S NAME (First	t. Middle, Last)			hart I II	IOAIL OI	DLA	-	2, DATE OF DEATH			3. TIME OF DEATH
	,	John	Joseph	Piet	ro			MONTH DA	AV .	YEAR	O'C3A
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	<u> </u>		PLACE (State or Foreign
124-10-04	47	1 M 2 - F	76	YRS.	MONTHS DAYS	иоцяа	MIN.	Nov. 15,	913	New	York
9a. FACILITY NAME (If not in	4	treet and number)	,,,	1	9b. CITY, TOWN	OR LOCATIO	ON OF D			NTY OF DE	
Holy Cross	Hospi	tal			Silver	Spri	ng		Mon	tgom	ery
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
Maryland	Monte	comery		Bet	hesda						LIMITS?
10e. STREET AND NUMBER					1	of. ZIP CODE			10g. CIT	ZEN OF W	THAT COUNTRY?
5704 Lenox	Road						20	0817	Uni	ted :	States
11. MARITAL STATUS		12. WAS DECEDER						NIC ORIGIN? (Specify Yes	or No-	14. RACE	American Indian, While, stc.
1 Never Married 2	-		YES 2 X	INO		S 2 V NO	n, Mexica Specia	an, Puarto Rican, atc.) /y:		Specif	
3 Widowed 4 Divi						Λ					ite
	CEDENT'S EDU ly highest grade			Give kind of a	USUAL OCCUPAT work done during r	TION nost of workin	g	16b. KIND OF BUS		DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT us				U. S. A		****	
	Transaction of	5+	Cons	structi	on Repre	_		Corps o		zinee	ers
17. FATHER'S NAME (First, A								AME (First, Middle, Maiden	Surname)		
Michael Pie				10 L 24 A H 10 LO	1000000	-		DeRizzo			
								Route Number, City or Tow			
Myong Ho Pi					Lenox H			hesda, MD 2		City or To	un Blate
1X Burial 2 Crematil	on 3 🗆 Rem	oval from State	other	place)	lemorial					aryl	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE	2.1			AND ADDRES					
100	11:-	RY	1.1	A. 57				Services, nue, Silver			MD 20910
23, PARTI. Enter the c	diaeasea, or	complications the									Approximate
ahock, or h	neart failure.	List only one ca	use on each li	ne.							Interval Between Onset and Death
IMMEDIATE CAUSE (FI disease or condition_	nei	,	PALI	210-	11111	RONX	11	YARRE	50	-	Onset and boath
resulting in death)		DUE TO	OR AS A CONS	EOUENCE O	F):	10//	_	() () - /			
			Mon	M	4	HIVE	7	Y ARRE	ACF	_	
Sequentially list condi- it any, leading to imme		DUE TO									
cause. Enter UNDERLY CAUSE (Disease or Inic	ING	c.	ATHE	10 5	CLEI	205	6	>			
that initiated events		DUE TO	OR AS A CONS	EQUENCE O	F):						
resulting in death) LAS	ST	d								1	
PART II. Other signific	ant condition	a contributing to	death but no	resulting	In the underly	ng cause (alven In	Part I. 24s, WAS AN	VPROTILLA	246	WERE AUTOPSY FINDINGS
Trait in other digitals	ant contactor		, could but no	rosoning	in the underly	ing cadae s	Aireit III	PERFO		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES 2	X NO		OF DEATH?
											1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL										
EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:			heck only one)			
1 TYES 2 XNO		1 X Inpatient 2 26a. DATE O		3 LI DOA		NJURY AT	sidence	8 Other (Specify)	N HAW O	CUBED	
-37	Pending		Day, Year)	IN.	JURY \	VORK?	T NO	200. DESCRIBE NOW	MJONT OC	COMED	
2 Accident	Investigation	28a, PLACE	OF INJURY At	home, farm.	street, factory, of		_ NO	28f. LOCATION (Street	and Mumbe	r or Rural B	Provide Number
3 Buicide 8 4 Homicide	Could not be determined	building	, etc. (Specify)		out and the state of the state			City or Town, State;)	TO THOUSE	water teathers,
29a. CERTIFIER	TITUING BUING										
cond only								e to the cause(s) and me e time, date and place, ar) and manner as stated.
296. SIONATURE AND TITL	E OF CERTIFIE					29c. LICI	ENSE NU	JMBER	29d. DA	E BIGNED	(Month, Day, Year)
Hex		elellro		N		0	26	15	•	11/	4/90
Hector K. (on, M. D.				et. S	ilv	er Spring,	MD 2	0910	
31. DATE FILED (Month, Day		32. REGISTA	AR'S SIGNATURE			, .				720	
NOV	05 '90	gu	ha Davids	an Adams	tell.						

DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burishbans or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be returned by the hospital or attendance thyricians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be destacted for use as the buried transfer that the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	0	CE	RTIFIC			EATH			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	F DEATH DA	NY.	YEAR	3. TIME OF DEATH
	Anna Mae Pere	goy							11	07	19	90	м
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. las		UNDER 1 YE		F UNDER 24 HP		7. DATE OF (Month, I	Day, Year)		Count	
	218-22-9225	1 🗆 M 2 🗡 F	80	YRS.						4-191	0	Man	ryland
5	98. FACILITY NAME (If not Institution, give str Meridian Nursing (-	. Melro				ocation o				9c. COU	NTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, T									10d. INSIDE CITY
	Md.			Bal	timo	_					Y		1 PYES 2 NO
LONEHAL	100. STREET AND NUMBER 6834 Sturbridge Dy	e Dr., Apt. #E 21234 USA											
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, etc.											
3	15. DECEDENT'S EDUC (Specify only highest grade of			CEDENT'S US			f working		16b. K	UND OF BU	SINESS/IN	DUSTRY	
COMPLETED BY	Elementary/Secondary (0-12) 8th grade	life Do MOT upp entired									, Inc.		
5	17. FATHER'S NAME (First, Middle, Last)					10	8. MOTHER'S				Surname)		
20	Newton Turnbaugh				5		Fant	ni∈	e May:	S			
2	19a, INFORMANT'S NAME (Type/Print)			b. MAILING AC									210
	Patricia M. Hiller	<u>'S</u>	7	923 Ca				_	Rait	-			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	wel from State	other pi	OF DISPOSITION OF DIS	on (Name o	of comete	sry, cremetory Sovuir	OO			CATION -		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		oll old			ADDRESS O		SILITY				
	Steven W. Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074												
CERTIFICATION	shock, pr heert feliure. List pniy one cause on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	QUENCE OF):									
DICAL	PART II. Other significant condition	s contributing to	deeth but not	resulting in	the under	riying o	ceuse give	n in I		24a. WAS AP PERFO 1 YES	RMEO?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					06 D! AC	E OF DEATI	u m		1			
2	EXAMINER?	HOSPITAL:	1 5010 - to - til - t		THER:								
PUTSICIAN: ME	27. MANNER OF DEATH Natural 5 Pending	1 Inpatient 2 28a. DATE OF (Month, D	INJURY	28b. TIME (OF 284	c. INJUR	(?			(Specify)	INJURY O	CCURED	
ים חו	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	Investigation 6 Could not be building, sic. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, sic. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.												
מ	29b. SIGNATURE AND CONTROL	LON					D1327		MBER		29d. DA	TE SIGNE	O (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH Robert E. Stoner,	M.D. 12	Sr. Pi	erre	Drive	St	e. 50	6 '	Towso	n MD	2120)4	
	31. DATE FILED (Month, Day, Year)	32. REDISTRA	AR'S SIGNATURE	. Pandall	•								

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZATrours after death. Page 6 may be retained by the hosp	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		on 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILER MONTH, COY Story 90

C. Mayle,

FOR	OTATE OF 1										90	31910
1 - STATE REGISTRAR	STATE OF N	MARYLAND / Ce		ICATE				MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, L		George	Pohr	er				2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH 4:37 P M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	_	IF UNDER		7. DATE OF (Month, I	BIRTH	,		IPLACE (State or Foreign
500-24-6979	1 🛛 M 2 🗌 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	May	28, 1	928		souri
9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, 1	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COL	NTY OF C	PEATH
3203 Coquelin				Ch	evy	Cha	se			Mo	ntgo	mery
RESIDENCE OF DECEDENT			T 40 - 00	ry, town or	LOCATI							10d. INSIDE CITY
3203 Coquelin RESIDENCE OF DECEDENT 10a. STATE Maryland		0 W11	100. 01									LIMITS?
	Montgom	етй		CII	-	Cha ZIP CODI				40 - 00	TEN OF	1 YES 2 NO
2202 Comunalin	Tawwa a a				101.					457		
10e. STREET AND NUMBER 3203 Coquelin 11. MARITAL STATUS 1. Nover Married 2 Married		IT EVER IN U.S. AR	1450	40.10			815					States
1 Merried 2 Merried 3 Widowed 4 Diverced	FORCES? 1	YES 2 1		17	yes, spe		n, Mexica	VIC ORIGIN? In, Puarto Ric Y:		or No	Spec	E American Indian, k, White, etc. ily: ite
15. DECEDENT'S		16a. DE	CEDENT'S	USUAL OCC	CUPATIO	N		16b. K	IND OF BUS	INESS/IN	DUSTRY	
15. DECEDENT'S (Specify only highest (Specify only highest (Parentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last	College (1-4 or 5	Ma	. Do NOT u	work done du se retired.)	нянд Мов	t OF WORK!	n)					
-	5+	M	lathe	matic	ian			Sc	ienti	fic	Rese	arch
17. FATHER'S NAME (First, Middle, Last)					16. MOTI	HER'S NA	ME (First, Mic	idle, Maiden	Sumame)		
George	Thomas Poh	rer				D	ella	Cath	erine	Spe	h	
19a. INFORMANT'S NAME (Type/Print)								Route Number				
Marilyn C. Pr	im	. K	lest	Palm	Bead	ch.	flor	103,	33469	ing	10,	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	Ramoval from State	20b. PLACE other pla	OF DISPO	SITION (Nam	ne of cem	etery, cren	natory or		20c. LO	CATION -	City or To	own, State
4 Donation 5 Other (Specify)		Monto		ry Cre	emat	oriu	ım, I	Inc.	Beth	esda	a, Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			22. N	AME AN	ADDRE	SS OF FA	CILITY RO	bert	A. P	umph	rey Funeral
Kahren	Found	MO	0198	Wi	scol	nein	esua Ave	-Cnev	theed	se,	Inc.	, 7557 0814-3501
23. PART I. Enter the diseases,		at caused the de	ath. Do									Approximate
shock, or heart fello	ure. List only one cer	use on each line	9.									Interval Between Onset and Death
disease or condition		Myoo	ardi	al In	far	2+ i 0	n					Acute
resulting in death)	BUE TO	(OR AS A CONSE			Lai	CIO	11					Acute
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	Arte (OR AS A CONSE	QUENCE (OF):	tic	Car	diov	rascul	ar Di	seas	e	Indefinit
DART II Oshan alaalii aasa saad	Itions contributing to	death but not	resulting	In the unc	derlying	cause	given in		4a. WAS AN PERFOR	MED?	241	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH								_				1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL .			-	26. PL	ACE DF D	EATH (C)	neck only one)				
EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	. □ DOA	OTHER	:			6 Other	Panellel			
27. MANNER OF DEATH	28a. DATE OF	FINJURY	26b. TII	ME OF	28c, INJI	JRY AT	- Control		RIBE HOW I	NJURY O	CCURED	
1 Netural 5 Pending	Comment of the Commen	Day, Year)	IN	JURY M	1 Y	RK? 'ES 2 [NO	D	18%		7	2-6
2 Accident Investige 3 Suicide & Could no	28e. PLACE (OF INJURY — At he	ome, farm,	street, facto	ry, office			28f. LOCAT	10N (Street a	and Numb	er or Rural	Route Number,
4 Homicide determin		, etc. (Specify)	toms	0				City of	Town, State)	-4	10	
29a. CERTIFIER	HUNGIGIAN, T. II.	*										
(Check only	HYSICIAN: To the best of											lat and manage on state 4
2 NAMEDICAL EXA		and/or	investigat	ion, in my op	enion, de	HETT OCCU	rea at the	time, data a	nd place, en	a due to	THE CAUSE	(s) and manner as stated.
U 296. BIGHATURE AND TITLE OF CER	TIFIER	1/4/	M				ENSE NU			29d. DA	TE SIGNE	D (Month, Day, Year)
	alle	Me		>			0709	9		N	ovem	ber 1, 1990

8200 Wisconsin Avenue, Bethesda, Maryland

ESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

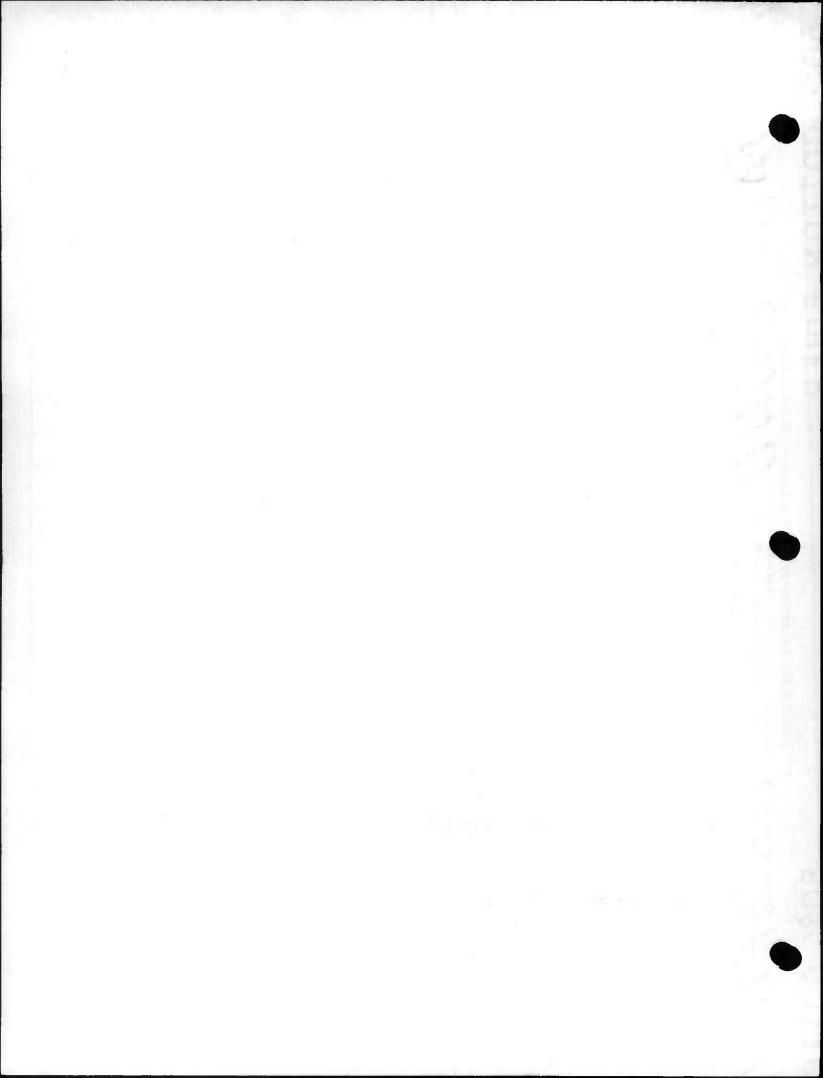
32. REGISTRAR'S SIGNATURE
GUNA DAY door

Randole

M.D.,

DHMH-16 Rev 1/89

20814



		notifie
		nust be n
		H
		, or Item 23 shows any injury, or other traumatic event, the medical examiner in
-	the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remain	edical
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	Creft	yent
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MICHAEL 31. DATE FILED (MORE). Day.

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														91)	3191
		FOR STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAR ERTIF					MENTA	L HYGIENI	E			
		1. DECEDENT'S NAME (First, A	Middle, Last) Charlic	Ratcl	EFETC	LIFE	-E-				2, DATE MONT	1073TA	90 9	YEAR	ĵġ"	AE OF DEATH
	8				6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	BIRTH 8. BIRT			(State or Foreign
		218-10-0	129	<u>₩</u> XM 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	09	23 19	12	Count		land
		9a. FACILITY NAME (If not insti	itution, give stre	et and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	TY OF D	EATH	
	CTOR	Dorchester General Hosp.						Camb	rid	ge]	Dor	che	ster
	ᇈ		10b. COUNTY				Y, TOWN C	OR LOCAT	ION						10d.	INSIDE CITY
	DIRE	MD.		Dor.			,		rid	aе					1	VES 25 TO
- 1		10e. STREET AND NUMBER		2011					ZIP COD				10g. CITI	ZEN OF V		OUNTRY?
	FUNERAL	207 Sa	ndv H	ill Ro	ad					216	13			Ţ	U.S	S.A.
.	S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A					OF HISPAN	IIC ORIGI	N? (Specify Yea	or No-	14 BAC	_	nerican Indian
	BY F	1 Never Married 2 MM 3 Widowed 4 Divorc		IF YES, GIVE V	YES 2 WAR OR DATES	NO			ZXXNO			Rican, atc.)				hite
			DENT'S EDUCA	WW		ECEDENT'S		20112171			Lan	b. KIND OF BUS	111500 (1115			
-	ETED	(Specify only I	highest grade o	ompleted)	(1	Bive kind of B. Do NOT u	work done			ng	10	B, KIND OF BUS	INE35/IND	USTRY		
- 1	_	Elementary/Secondary (0-1	12)	Collega (1-4 or 5	•)	mech	anio	2				auton	noti	ve		
once.	COMP	17. FATHER'S NAME (First, Mide	idle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
Ħ	ш	Josep	h Kel	ly Rat	cliffe						Fani	nie Wh	nitt			
ě.	10 B	19a. INFORMANT'S NAME (Тур			81							nber, City or Town				
be notified at once	۴	Mrs. Mar	-	cliffe							Rd.	Cambr			-	
examiner must b		20a. METHOD OF OISPOSITIO \$\insert{C}\infty \text{Burial} 2 \text{Cremation} 4 \text{Donation} 5 \text{Other (S}	3 - Remov	ral trom Stata	20b. PLACE other p	of dispo place) ylan	_				m .		cation –			vland
iner	1	21. SIGNATURE OF FUNERAL			4				O ADDRE		CILITY	Thomas				
exam		> Ken	ett &	Thom	ma /		170	оо т	0011	ct						
ig C		23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, Approximate														
E		ahock, or heart fallura. List only one ceuse on each line.														
=		IMMEDIATE CAUSE (Final disease or condition resulting in death) Renal Failure Conset and Death Current Conset and Death Current														
or other traumatic event, the medical	_	DUE TO (OR AS A CONSEQUENCE OF):														
aumat	CATION	Sequentially list conditions, if sny, lasding to immediata ceuse. Enter UNDERLYING														
ber tr		CAUSE (Disease or Injury		DUE TO	(OR AS A CONSI	EOUENCE C	OF):								+	
or ott	CERTIFI	resulting in death) LAST														
5	· .	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? PERFORMED? AMALABLE PRIOR TO														
any	EDICAL	CONGEST		HETH	<u>`</u>	FAIL	URE					1 TYES 2			COM	PLETION OF CAUSE
shows any	Σ	Congestive Heart Failure														
23	IAN	25. WAS CASE REFERRED TO	MEDICAL					26. PL	LACE OF I	DEATH (Ch	eck only o	onel				
Item	SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE		na 5 🗆 R	esidence	6 🗆 Oth	ner (Specify)				
marked, or	PHYSICI	27. MANNER OF DEATH	S-2-2-	26s. DATE Of (Month, I	INJURY	28b. TH		28c. INJ WO			T	ESCRIBE HOW I	NJURY OC	CUREO		
	BY	2 Deviate	nvestigation	26s. PLACE (OF INJURY — At I	nome, farm,						CATION (Street a	and Number	r or Rural	Route I	Number,
T 28 is	ETED		Could not be letarminad	building	, atc. (Specify)	-						y or Town, State)				
IMPORTANT: If Item	COMPLI	CONDUCK ONLY		IAN: To the best of											aj and	manner as stated.
RTAN	ECC	296. SIGNATURE AND TITLE		0 -	.60					ENSE NU			29d. DAT	E SIGNEI	D (Mgni	th, Day, Year)
MPO	0 86	Michael a.	Mus	penie	2 MOS	-			1	-16	60	9	1	0/3	1/9	6.9

who completed cause of death (item 27) (Typo, Print)

NOSKEWICZ 5

32. REGISTRAT'S SIGNATURE
JUNE JAVIDEON - Tandelle

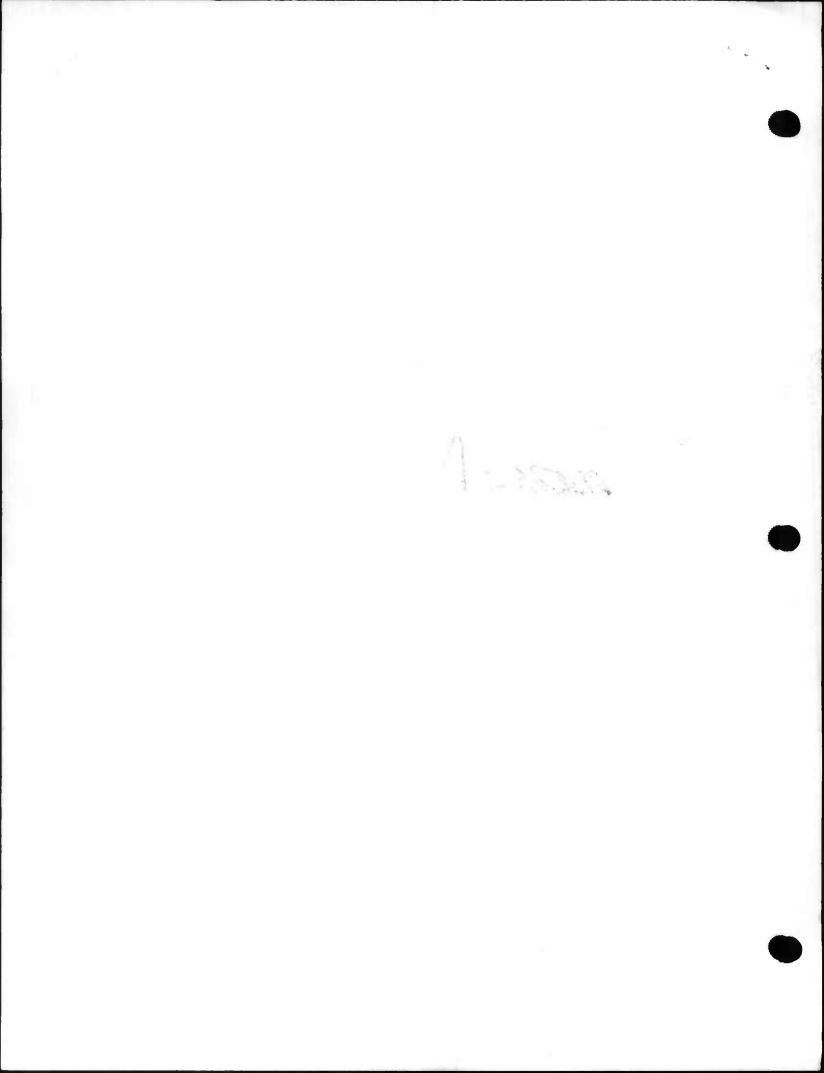
503 BYEN ST. CAMBEINGE

MD. 2613

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eath ce	rttending	tal Hygi	f. or of
he death ce	the attending	Mental Hygi	njury, or of
that the death ce	d by the attending	and Mental Hygi	ny injury, or of
ires that the death ce	signed by the attending	fealth and Mental Hygi	ws any injury, or of
requires that the death ce	een signed by the attending	of Health and Mental Hygi	shows any injury, or of
law requires that the death ce	as been signed by the attending	Dept. of Health and Mental Hygi	23 shows any injury, or of
: The law requires that the death ce	ate has been signed by the attending	tate Dept. of Health and Mental Hygi	tem 23 shows any injury, or of
SIAN: The law requires that the death ce	rtificate has been signed by the attending	he State Dept. of Health and Mental Hygi	or item 23 shows any injury, or of
YSICIAN: The law requires that the death ce	s certificate has been signed by the attending	th the State Dept. of Health and Mental Hygi	ed, or item 23 shows any injury, or of
3 PHYSICIAN: The law requires that the death ce	ir this certificate has been signed by the attending	th with the State Dept. of Health and Mental Hygu	arked, or item 23 shows any injury, or of
DING PHYSICIAN: The law requires that the death ce	After this certificate has been signed by the attending	death with the State Dept. of Health and Mental Hygu	s marked, or item 23 shows any injury, or of
TENDING PHYSICIAN: The law requires that the death ce	TOR: After this certificate has been signed by the attending	after death with the State Dept. of Health and Mental Hygu	28 is marked, or item 23 shows any injury, or ol
IR ATTENDING PHYSICIAN: The law requires that the death ce	IRECTOR: After this certificate has been signed by the attending	rurs after death with the State Dept. of Health and Mental Hygi	am 28 is marked, or item 23 shows any injury, or of
AL OR ATTENDING PHYSICIAN: The law requires that the death ce	L DIRECTOR: After this certificate has been signed by the attending	2 hours after death with the State Dept. of Health and Mental Hygu	t item 28 is marked, or item 23 shows any injury, or ol
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	IERAL DIRECTOR: After this certificate has been signed by the attending	in 72 hours after death with the State Dept. of Health and Mental Hygi	IT: It item 28 is marked, or item 23 shows any injury, or of
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	FUNERAL DIRECTOR: After this certificate has been signed by the attending	within 72 hours after death with the State Dept. of Health and Mental Hygu	ITANT: It item 28 is marked, or item 23 shows any injury, or of
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac	filed within 72 hours after death with the State Dept. of Health and Mental Hygu	IMPORTANT; It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL HYGIE		
4	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
,	William Lu	cian Rimh	ΑV			MONTH	DAY 2 1	990 3:30 P.M
ı			n yrs. lest birthday)	IF UNDER t YE	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
-1		XM 2 F	75 YRS.	MONTHS DAY		(Month, Day, Year)		Country)
1			/ 5 THS.	0 4				Maryland
	9a. FACILITY NAME (# not institution, give street				N OR LOCATION OF D			Y OF DEATH
5	402 Buffalo Ro	ad			Mt. Airy		Ca	arroll
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 CI7	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR		roll	100.01					LIMITS?
		1011		MC	. Airy			1 YES 2 NO
₹	10e. STREET AND NUMBER				101. ZIP CODE	•		EN OF WHAT COUNTRY?
FUNEHAL	402 Buffalo Ro				21771			U.S.A.
5	11. MARITAL STATUS	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS	DECENDENT OF HISPA , specify Cuben, Mexico	NIC ORIGIN? (Specify	Yes or No- 1	4. RACE — American Indien, Black, White, etc.
	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			YES 2 NO Specif			Specify: White
- 11					VECTOR .			
COMPLEIED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	16a. DECEDENT'S	work done during	MITION most of working		BUSINESS/INDU	
ا ۲	THE PROPERTY OF THE PROPERTY O	College (1-4 or 5+)	Owner			FOO	drite.	
È	11 yrs.	none	Owner	o rian				ceteria
3	17. FATHER'S NAME (First, Middle, Last) William E. Rimb	2011				AME (First, Middle, Mald L V . Run		
		<i>ле</i> у						
5	19e. INFORMANT'S NAME (Type/Print)				eet and Number or Rural			
- 1	Mary R. Rimbey		Married Control					land 21771
	20e, METHOD OF DISPOSITION 1 2 Burlel 2 Cremetion 3 Remove	al from State	place)		f cemetery, cremetory or			ity or Town, State
	4 Donation 5 Other (Specify)		Prospe		metery	M	t. Ai	ry, Maryland
	21. SIGNATURE OF FUNERAL	15.			E AND ADDRESS OF F		Jomo	
	AD NIEDES	Diamar, 1	5:	W	arrier Finfield,	Marylai	id 217	84
	23. PART I. Enter the diseeses, or cor							at, Approximate
1	ehock, or heart failure. Lis							Interval Between Onset and Death
- 1	disease or condition		not	# -	nev.	tate	Ongre	21
I	resulting in deeth) e.	DUE TO (OR AS A	CONSEQUENCE	OF):	pp			
,	.							
HILICALION	Sequentially list conditions, If any, lesding to immediate	DUE TO (OR AS A	CONSEQUENCE (OF):				
4	cause. Enter UNDERLYING							
Ĭ	that initiated events	DUE TO (OR AS A	CONSEQUENCE (OF):				
	resulting in death) LAST							
5	PART II. Other significant conditions	contributing to death h	ut not consition	in the under	lying cause given in	Dart I 24n WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
4	TAIL II. Ottor Significant Concretions	solition ing to deeth b	at not reading	iii die dildei	lying coose given in	PER	FORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 _ YES	2 NO	OF DEATH?
								1 TYES 2 NO
PHYSICIAN:								
3		HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	neck only one)		
2	1 YES 2 NO 1	I ☐ Inputient 2 ☐ ER/Outp	atlent 3 DOA		Home 5 - Residence	6 Other (Specify) 28d. DESCRIBE HO	W IN II II OV 000	UDED
E	1 Natural 5 Pending	(Month, Day, Year)	200, 11	JURY	WORK?	28d. DESCRIBE HO	W INJURY OCC	JHED
BY	2 Accident Investigation	00-101 405 05 001111			YES 2 NO			0 - 10 - 4 N4
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At nome, min,	street, tectory,	omice	City or Town, S	ate)	or Rural Route Number,
	AND OFFICERS							
COMPLE	(Critical Unity	AN: To the best of my know						
ξ	2 MEDICAL EXAMINER:	On the baels of examination	n and/or investigat	lon, in my opini	on, death occured at th	ne time, date and place	, end due to the	ceuse(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	1111	1	77	29c. LICENSE N			BIGNED (Month, Day, Year)
0	140	Coco		MD	. 026	799	> //	1-5-90.
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)		,		
	V							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						
	NOV 7'90	Julia Davi	dron-Rand	elle.				
		11						DHMH-16 Rev 1/89



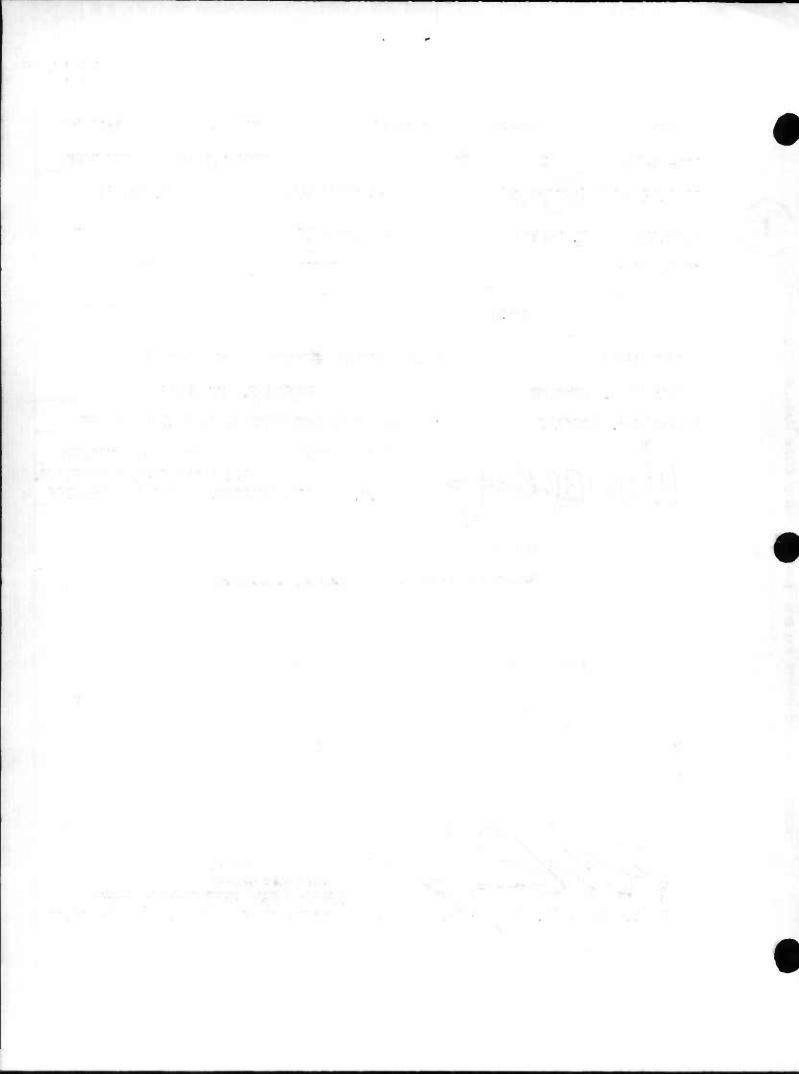
	RALPH EU		RUSSELL			November 2. 1990 2:0							2:05 p M	
	4. SOCIAL SECURITY NUMB 427-14-7395		1 🔀 M 2 🗆 F	8. AGE (In yrs. Ias 69	t birthday) YRS.	MONTHS	DAYS 9	IF UNDER	24 HRS. MIN.	7. OATE OF E (Month, Da Mar. 2	иятн 23,1	921	Country)	esota
DIRECTOR	90. FACILITY NAME (If not in Perry Po:	int V.	tal	Perryville Cec							of DEAT			
	Maryland Cecil					10c. CITY, TOWN OR LOCATION Perryville					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO			
FUNERAL	No Addr		101. ZIP COOE 2090							U.S.	т соинтяу? A.			
ВУ	11. MARITAL STATUS 1 Never Merried 2 3 Divo		12. WAS DECEDENT FORCES? 1 FINANCES IN THE FORCES IN THE FORCES IN THE FORCE IN THE	YES 2 1	MEO NO		If yes, sp		, Mexicer	IC ORIGIN? (S n, Puerto Ricar :		or No 1		American Indian, Thite, etc. White
COMPLETED				(G	CEOENT'S two kind of Do NOT us Bus	work done se retired.)	during mo	ON st of working	g	16b. KIN	O OF BUS	INESS/INOU	STRY	
BE CON	17. FATHER'S NAME (Flost, M. Louis Rus	ssell								ME (First, Middl Hines	.,	Surname)		
10	Mary P.	Russel		4	5 Cl	ıape	1 T	owne	Ci	rcle,	Ba1	to.M	d.21	
1000	20s_METHOD OF OISPOSIT 1 Buriel 2 Crematic 4 Donation 5 Other	(Specify)	val from State		or olspo	. Ce	met					field		ryland
	21. SIGNATURE OF FUNERA	hurs	Danuel	· f.			Bur	rier fiel	Fu	aun neral Maryl	Ho	me 2178	34	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in daeth)	eert feliure. L	let only one caus Mult:		rct	Din			ng, suci	as cerdlec	or respi	ratory arre	st,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequantielly list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disesse or Inju- that initiated events resulting in death) LAS	ing iry		OR AS A CONSE										
MEDICAL CE	PART II. Other signification Right I		not resulting in the underlying ceuse given in						24a, WAS AN AUTOPSY PERFORMEO?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Z 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (1								EATH (Ch						
YSIC	1 VES 2 XNO	ER/Outpatient	OTHER: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)											
BY PH	27, MANNER OF OEATH 1 X Natural 6 2 Accident	NJURY y, Year)	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 N] NO	28d. DESCRIBE HOW INJURY OCCUREO							
						At home, farm, street, factory, office 28f.				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				te Number,
COMPLETED	29e. CERTIFIER (Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner es stated.													
3E	29b. SIGNATURE AND TITLE		29c. LICENSE NUMBER (NY) 153023											
10	30. NAME AND ADDRESS OF SURINDERPAL	-	M.D. 1	AMC PE	RRY I	POINT	r, MI	21	902					
	31. DATE RILED (Month, Day,	90	32. REGISTRAL	audson-A	ander	_								



DHMN-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zer hours after death. Page 6 may be retained by the hospital or attending physicial	leath. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	funeral director, page 5 should be detached for use as the burial-to
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	xaminer must be notified at once.

	1. DECEDENT'S NAME (First, Middle,	Last)						E OF DEATH		YEAR	3. TIME DF DEATN	
l	DEAN	WINDS	OR	REYN	IOLDS		NO	NOV 1 ™1990 '			1:30 PM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	oirthday)	IF UNDER 1 YEAR	IF UNDER 24 HR		E OF BIRTH		8. BIRTHPLACE (State or Foreign		
	122-09-5655	71	YRS.	MONTHS DAYS					NEW YORK			
_	9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY DF DEATN											
DIRECTOR	17 ALLEN ROAD (RESIDENCE) MECHANICSVILLE ST. MARY									RY'S		
Ĭ	10e. STATE 10b. CC		10c. CITY,	TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?					
ä		. MARY'S		ME	CHANICS		1 TYES			1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE			VHAT COUNTRY?			
R	17 ALLEN ROAD	12 WAS DECEDE	NT EVED IN II C A DAG	ED	12 WM 0 DEC	20659	PANIC ORK	GIN? (Specify Yee	as No. 1	USA	— American Indien,	
	1 Never Merried 2 X Merried	FORCES?	NT EVER IN U.S. ARM 1 X YES 2 NO WAR OR DATES)	If yes, sp	ecity Cuban, Me	xican, Puerl		or No	Black	t, White, etc.	
ВУ	3 Widowed 4 Divorced	CARE			1 TES	2 NO Sp	ecity:			Speci	WHITE	
	15. DECEDENT'S (Specify only highest	grade completed)	(GM	kind of w	JSUAL OCCUPATION OF MORE	ON st of working	1	6b. KIND OF BUS	INESS/INDU	JSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8	3+)	Oo NOT use	MISIONE	D OFFI	CED	US MI	LITAD	v		
MC	12TH GRADE 17. FATHER'S NAME (First, Middle, La:	(f)	NUI	1-CU	MIT 21 ONE			t, Middle, Maiden		(1		
	MILLARD R. RE						THA E		LURE			
BE	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street a					Code)		
2	MARJORIE H. REY	MOLDS	17	7 ALL	EN ROAD	, MECH	ANICS	VILLE,	MARYL	.AND	20659	
	20a. METHOD OF DISPOSITION 1 Buriel 2 A Cremation 3		20b. PLACE O	on)	THON (Name of cer		or		CATION — C			
	4 Donation 5 Other (Specify)			HUN	TT CREM		EACH ITY				MARYLAND	
	*Ille K	3 Jokan	*								AL HOME, INC. 20604-0156	
	23. PART I. Enter the diseases			th. Do n			-				Approximate	
	shock, or hasrt fai IMMEDIATE CAUSE (Fine)	lurs. List only one co	tuse of such line.								Onset and Death	
	disease or condition resulting in death)	Resp	iratory f	ailu	re							
	resulting in death)	DUE T	O (OR AS A CONSEDI	JENCE DF):							
N	Sequentially list conditions,	Non-	Small cel	1 1u	ng carc	inoma,	metas	static				
ATIC	if sny, lesding to immediate cause. Enter UNDERLYING	DUE T	O (OR AS A CONSEDI	JENCE OF):							
FIC	CAUSE (Disesse or injury that initiated events	c. DUE T	O (OR AS A CONSEQU	JENCE OF):			 			1	
CERTIFICATION	resulting in death) LAST	d										
C	PART ii. Other aignificant con-	ditions contribution	n death but ant re	aultina li	n the underlyin	a anna abus	in Bart i	T 04- 100 44	ALITODAY	Lan	WEST ALTONOV ENIDAVOS	
MEDICAL	PART II. Other algument com	ditable Contributing (o destil but libit le	surring ii	n the uncertyin	g cause giver	I HI Palit I.	PERFORMED?		246	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
9								1 YES 2	□ NO		DF DEATH?	
											1 - YES 2 X NO	
AN	25. WAS CASE REFERRED TO MEDIC	CAL			26. P	LACE OF DEATH	(Check only	r one)				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 inpetient 2	☐ ER/Outpetient 3 (DOA	OTHER:	ne 5 X Reelder	vca 6 🗆 0	ther (Specify)				
Ϋ́	27. MANNER OF DEATH	28e. DATE (DE INJURY Day, Ybar)	286. TIME		JURY AT		DESCRIBE NOW I	NJURY OCC	URED		
ВУБ	1 Natural 5 Pending 2 Accident Investig		, , , , , , , , , , , , , , , , , , ,	11101		YES 2 NO						
ED E	3 Suicide 6 Could n	ot be buildin	OF INJURY — At hori g, etc. (Specify)	10, farm, s	treet, factory, offic	•		OCATION (Street o		or Rural	Route Number,	
ETE	4 Homicide determin	ned .										
COMPLET		PNYSICIAN: To the be										
Ö	MEDICA. EXAMINET: On the cause of examplaction and/or investigation, in my ophnion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
BE (29b. SIGNATURE AND TITLE OF OC	THE		1				9	Ced. DATE	SIGNE	(Month, Day, Year)	
5	30. NAME AND ADDRÉSS OF PERSO	ON WHO COMPLETED CA	USE OF DEATH OF THE	27) (%m-	Print)			26791	AFDIC	41 -	CUTED	
	ROBERT L. RUXEI		/			MALCULM MARFWS	ATRI	USAF N	ASE I	AL (CENTER (LAND 20331	
	31. DATE FILED (Month, Day, Year)	32, REGIST	AR'S SIGNATURE			MUNCHS	117 [/]	ONOL DI	IUL 9	וווע	CHILD COURT	
	NOV 0 7 '90	Julie	Davidson A	andell	٤							
							_					



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy by filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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•	d wit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it has find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	елеш
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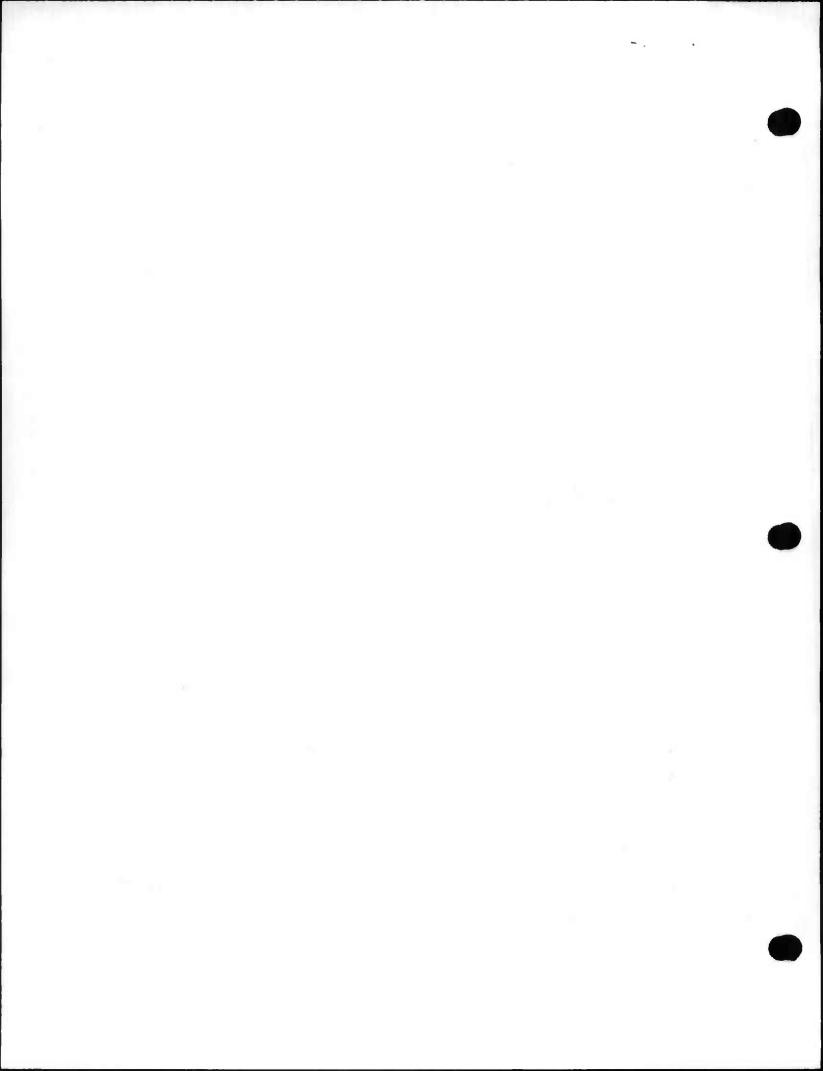
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131. Of TE FILEO (Month, Day, Voer)
NOV 07 1990

	ron -						90	31915
	1 - FOR STATE REGISTRAR	TATE OF MARYLA	AND / DEPARTM Certific			IENTAL HYGIENI REG. NO.	E 	
	1. OECEOENT'S NAME (First, Middle, Last)	HILDA	Rob	ert	SON	2. DATE OF CEATH DA	190	3. TIME OF DEATH
)	214-07-2203	□M2MF 76	/	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	JUNE 6 191	4 MA	BIRTHPLACE (State or Foreign Country) RYLAND
CTOR	9a. FACILITY NAME (If not institution, give etreet e 615 GREENE STREET	and number)	91	CUMBER	DR LOCATION OF DE	ATN	9c. COUNTY ALLEG	
DIREC	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND ALLEGAT	NY	1	TOWN OR LOCAT	TION			104. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 615 GREENE STREET		100.25		21502			OF WHAT COUNTRY?
B	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	It yes, sp				RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. OECEOENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondery (0-12) Co	DN pleted) bliege (1-4 or 5 +)	16a. OECEOENT'S US Glive kind of worn life. Do NOT use n	k done during mo etired.)	st of working	16b. KIND OF BUS	EPHONE	
BE COM	17. FATNER'S NAME (First, Middle, Lest) WILLIAM CLITES				16. MOTHER'S NAM	AE (First, Middle, Malden E MADDEN		
10 8	19a. INFORMANT'S NAME (Type/Print) WAYNE HOSSELRODE					LAVALEM A		
	20a. METHOD OF DISPOSITION 1	from State	other place)		GARDENS			or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	Nevitt	_	SILCO		ility I FUNERAL IREET CIMB		MARVI AND
	23. PART I. Enter the diseses, or compensors, or heart fellure. List IMMEDIATE CAUSE (Finel disesse or condition resulting in deeth)		ach line.	enter the mo	-	n aa cardiac or respi	ratory srrest	Approximate interval Between Onset and Desth
NO	Sequentially list conditions,	·	CONSEQUENCE OF):					
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CE	PART II. Other algorificent conditions co	ontributing to death b	ut not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOF	2 4	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:		OSPITAL:		26. P	LACE OF OEATH (Ch	eck only one) 8 Other (Specify)		
B≼	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME (1NJUF	RY M 1 🗆	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	end Number or	
COMPLETED	4 Nomicide determined	building, etc. (Spec	city)			City or Town, State)		
	Corock Gray					time, date end place, er	nd due to the c	euse(e) end manner es stated.
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	Me de	perty N	1.8.	D19.	316	> //	1GNEO (Month, Day, War) -6-1940

HO COMPLEXED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

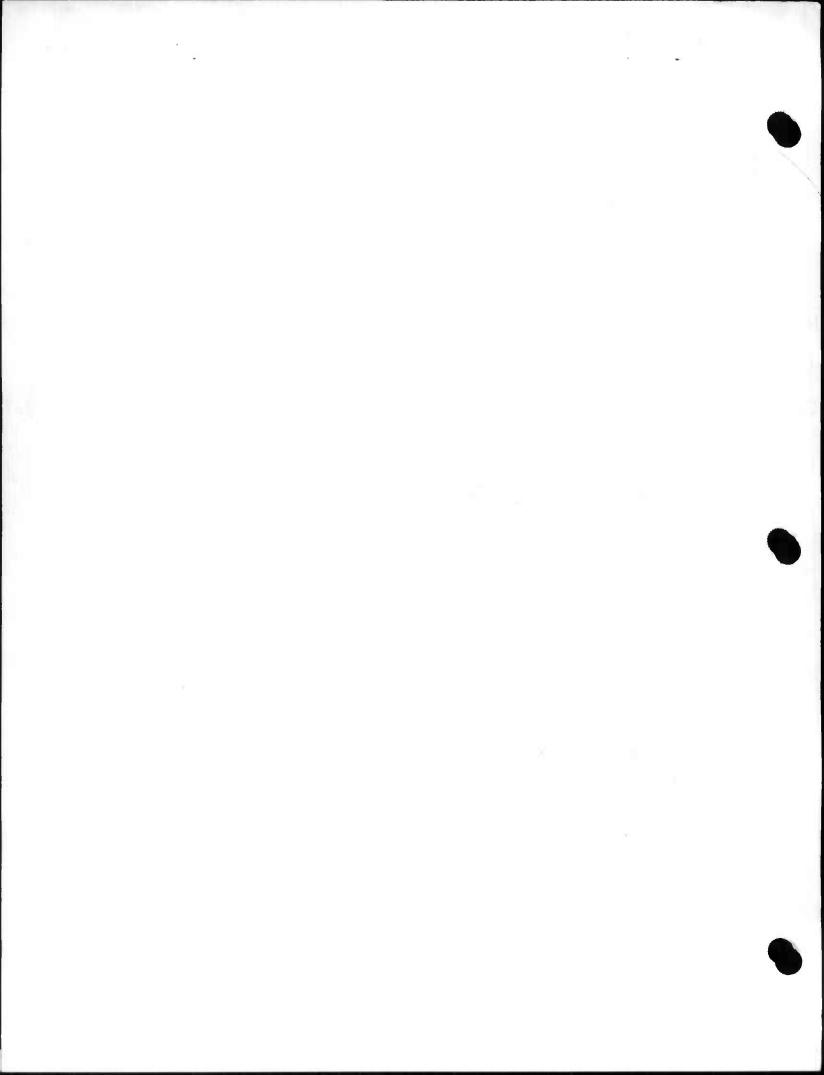


FOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifled at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH				
	VIOLA CAROLINE	RILEY				7, 1990	6:40 P				
		i. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	HPLACE (State or Foreign				
	214-52-1547 1□ M 2 ⋈ F	81 yrs.	MONTHS DAYS	HOURS MIN.	DECEMBER	31 1908	W.VA.				
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH				
TOR	Memorial Hospital		Cumi	erland		Alleg	any				
H.	10a. STATE 10b. COUNTY		Y, TOWN OR LOC	ATION		10d. INSIDE CITY LIMITS?					
5	MARYLAND ALLEGANY	CUME	BERLAND				1 X YES 2 NO				
FUNERAL DIRECTOR.	100. STREET AND NUMBER 1101 LAFAYETTE AVENUE		,	01. ZIP CODE 21502		109. CITIZEN OF	WHAT COUNTRY?				
FUN	1 Never Married 2 Married FORCES? 1	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Blac	CE — American Indian, ck, White, etc.				
ВУ	3 🗓 Wildowed 4 🗌 Divorced						white				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEOENT'S (Give kind of	USUAL OCCUPAT work done during ri se retired.)	TION nost of working	16b. KIND OF BU	JSINESS/INDUSTRY					
9	Elementary/Secondary (0-12) Collega (1-4 or 5+)				710710						
MP	б	HOUSE K	LEPER			KEEPER					
8	17. FATHER'S NAME (First, Middle, Last) WILLIAM EDWARD ALLEN				ME (First, Middle, Maide						
BE					DE LUCI N DA						
2	190. INFORMANT'S NAME (Typo/Print) JAMES WILLIAM RILEY				Route Number, City or To		1500				
		20b. PLACE OF DISPO			CUMBERLA	OCATION — City or I					
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State	HILLCREST	RITE TAT	DADIZ		UMBERLANI	112111111111111111111111111111111111111				
	4 Donation 8 Other (Specify)	ITTLCCCOT	22. NAME	AND ADDRESS OF FA			ישוי.				
	Dale L. Mary	tt			CUTY T FUNERAL STREET CUM		MD				
	23. PART I. Enter the diseases, or complications that						Approximate Interval Between				
	IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) a. CHF										
1		OR AS A CONSEQUENCE O	(F):								
Z	Sequentially list conditions,	CRF									
E	If any, leading to immediate	OR AS A CONSEQUENCE O									
걸	cause. Enter UNDERLYING CAUSE (Disease or Injury	OR AS A CONSEQUENCE OF	ma								
Ē	that initiated events resulting in death) LAST	THE A CONCECUENCE OF	. ,.				İ				
8	d										
DICAL CERTIFICATION	PART II. Other significent conditions contributing to c	leath but not resulting	In the underly	ng cause given in	Part I. 24a. WAS A	N AUTOPSY 24 DRMED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
2		VII			1 🗆 YES	Control of the contro	COMPLETION OF CAUSE OF DEATH?				
Ä							1 TYES 2 NO				
ä											
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (C	neck only one)						
S		ER/Outpatient 3 DOA	OTHER: 4 - Nursing He	ome 5 - Residence	6 Other (Specify)						
PHYSICIAN: ME	27. MANNER OF DEATH 28s. DATE OF I			NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURED					
BY	1 Natural 8 Pending 2 Accident Investigation		M 1	YES 2 NO							
	a Could not be building, a	INJURY — At home, farm, tc. (Specify)	street, factory, of	fice	28f. LOCATION (Stree City or Town, State		I Route Number,				
E	4 Homicide datarmined										
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the bast of a	www.ledge, death occur	red at the time, d	ite and place, and du	to the cause(a) and m	enner as stated.					
OM	one) 2 MEOICAL EXAMINER: On the basis of	Mination and/or investigati	on, in my opinion	, death occured at the	time, data and place,	and due to the cause	(a) and menner as stated.				
	29b. SIONATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIONE	ED (Month, Day, Year)				
) BE				D 36	766	> Nov	8 1990				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	E OF DEATH JITEM 27) (Typ	e, Print)				-				
	Dr. Vik Poonai, 955 Freder	rick Street	Cumbe	rland. MD	21502						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAF	'S SIGNATURE									
	NOV 0 8 1990 Julia Lavidson-A	wilden									



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 the float. Page 6 may be retained by the hospital or attenting physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	ERTIFICATE	OF DEA	TH		REG. NO.

,	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIEN		01217					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	W VE	3. TIME OF DEATH					
	ISABELLE		ROWE			10 2	ጛ 9ዕ ^ቴ	5:45PM M					
70	4. SOCIAL SECURITY NUMBER		MON	UNDER 1 YEAR	MOURE MIN	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)					
1.0	578-46-9307	1 DM 2 XF 88	3 YRS.					orth Carolina					
	9a. FACILITY NAME (If not institution, give s				R LOCATION OF DEA	тн	9c. COUNTY						
Ö,	PRINCE GEORGE'S	HOSPITAL CEN	VIEK	CHEVE	ERLY		PRING	CE GEORGE'S					
EC	10s. STATE 10b. COUNTY	Y	16c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
급	MARYLAND Princ	ce Georges	Lanha	am _				1 X YES 2 - NO					
AL	10e. STREET AND NUMBER			1	ZIP CODE		1 6	OF WHAT COUNTRY?					
FUNERAL DIRECTOR	6717 Terra Alta I				20607			l States					
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO	If yes, sp	city Cuban, Maxican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, stc.					
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR E	DATES	1 🗌 YES	2 Z-NO Specify:		1	specify: Black					
	15. DECEDENT'S EDU		16a. DECEDENT'S USU			16b. KIND OF BU	SINESS/INDUST	RY					
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re-	tired.)	st or working								
MPL	12	4	Register	Nurse		Hospita							
COMPLETED	17. FATHER'B NAME (First, Middle, Last)					IE (First, Middle, Melden							
BE	Edgar Saunders		1 -1 .23			tion not							
2	198. INFORMANT'S NAME (Type/Print) Robert E. Rowe					oute Number, City or Tow							
	200, METHOD OF DISPOSITION	26	b. PLACE OF DISPOSITION			Lanham, M	CATION - City						
	1 Donation 5 Other (Specify)	noval from State	other place)			1.77		THE RESERVE TO SERVE THE PARTY OF THE PARTY					
	A Donation 5 Other (Specify) Maryland National Park Laurel, Maryland 21. SHONATURE OF FUNERAL SERVICE LICENSPE 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service												
	John 2	7400 Georgia Ave. N.W. Washington, D.C.											
	23. PAITI Entar the diseases, or	complications that cause	ed the death. Do not										
	shock, or heart failure.	List only one cause on			7.00	•	•	Interval Between Onset and Death					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)												
	resulting in death) a. Oud is pulm many and the pulm of the pulm												
z	Preumonia												
E	Sequentially list conditions, If any, leading to immediata												
2	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	that initiated events resulting in dasth) LAST	Danie	ntia					!					
CE		d. John											
AL	PART II. Other algnificant condition	ns contributing to death	but not resulting in t	the underlyin	g cause given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDICAL						1 YES	2 X NO	OF DEATH?					
						—		1 - YES 2 - 40					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 D	LACE OF DEATH (Chi	ork only one)							
C	EXAMINER? 1 YES 2 XNO	HOSPITAD:		THER:									
HYS	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIME O	F 28c. IN.	IURY AT	28d, DESCRIBE HOW	INJURY OCCUP	RED					
	Natural 5 Pending	(Month, Day, Year)	INJUR		PRK? YES 2 NO								
) BY	2 Accident investigation 3 Suicide 8 Could not be	28e PLACE OF INJUIE	RY — At home, farm, stre	et, factory, offic	:0	281. LOCATION (Street City or Town, State	et and Number or Rural Route Number,						
TEC	4 Homicide determined	bolloning, etc. (op	юснуу			Oily or rown, oran	,						
J.E	29a. CERTIFIER (Check only	SICIAN: To the best of my kno	wledge, death occurred a	et the time, det	and place, and dua	to the cause(a) and m	nner as stated.						
COMPLETED	one)	IER: On the besis of examinat	ion and/or investigation,	In my opinion,	death occured at the	time, data and place, s	nd due to the c	ause(s) and manner as stated.					
ш	29b. BIGNATURE AND TITLE OF CERTIFIC	ER			29c. LICENSE NUN	IBER	29d. DATE S	IGNED (Month, Day, Year)					
8	574	NO			037	934	10	128/90					
T0	30. NAME AND ADDITES OF PERSON W				(o. lo	D #11.	_ /	(2) 2)					
	D. 12/20/10	, /		- acy	with	グーイラ	so (ne	er selt/TU					
	31. DATE FILEO (Month, Dely, Year)	32. REGISTRAR'S SIG	HANN-Randall										

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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FOR STATE REGISTRAR		STATE OF N	IARYLAI				HEALTH F DEAT			YGIENE EG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D	EATH DAY	,	YEAR	3. TIME OF	DEATH
11	(CLAUDIA	Α	NN	RO	BERS	ON		OCTOBE	R 31	, 19	990	4:25	Рм
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In	yrs. last birthde	iy) IF UI	HS DAY	-	24 HRS.	7. DATE OF B			6. BIRTI	HPLACE (State	or Foreign
492-60-2104		1 □ M 2 □ ▼	37	YRS	B. MONT	HS DAY	HOURS	MUN.	Dec 13		52	Texa	**	
9a. FACILITY NAME (If not in	stitution, give a	treet end number)			9b. (CITY, TOW	N OR LOCATION	ON OF DE	EATH		9c. COL	INTY OF C	DEATH	
600 Kennebe		nue, #103			T	akom	a Park				Mon	tgome	ery	
10e. STATE	10b. COUNT	Y		10c.	CITY, TOV	WN OR LO	CATION						10d. INSIDE	
Maryland	Monte	gomery			l'ako	ma Pa	ark						1 X YES	
10e. STREET AND NUMBER		, ,					10f. ZIP CODI	E		T	10g. CIT	TIZEN OF	WHAT COUNT	RY7
600 Kennebec Avenue, #103 20912 United States														
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced				ES 2 NO If yes, specify Cuben, Mexican				n, Puerto Rican		or No—	14. RAC Blac Spec	E — American ck, Whita, stc. cily: Whi		
	EDENT'S EDU		1	16e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			10	16b. KINI	D OF BUS	INESS/IN	DUSTRY			
Elementary/Secondary (0		College (1-4 or 5	'					•						
		2		Kitche	en A	tten	dant		United Airlines					
17. FATHER'S NAME (First, M									ME (First, Middle	, Maiden S	Sumeme)			
L. Bruce Ro	bersor	1					Edn	a Mi	ilhaus					
19e. INFORMANT'S NAME (lype/Print)			19b, MAIL	ING ADDI	RESS (Stree	et and Number	or Rural	Route Number, C	ity or Town	, State, Z	ip Code)		
Joseph R. W	alters	3		Same	e as	#10								
20a. METHOD OF DISPOSIT		ovel from State		PLACE OF DIS	POSITION	Name of	cemetery, cren	netory or					lown, State	
	□ Donetton 6 □ Other (Specify) Suburban Crematory Silver Spring, MD													
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	/				AND ADDRE				D A			
100	selli-	-B. le	il	M0082	27		-		Servic Silve				209	10
23. PART I. Enter the d shock, or h		complications tha List only one ceu			o not e	nter ths	mode of dy	Ing, suc	ch ss cardisc	or raspir	ratory s	rrest,		oximate val Between

ACUTE LYMPHOCYTIC LEUKEMIA resulting in death) Sequantielly list conditions, if any, isading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH?

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 X NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 AResidence 8 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO 2 Accident
3 Suicide Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end menner ea stated.

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the causa(e) and menner as stated. 295 SIGNATURE AND TITLE OF CERTIFIER

Sta 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Stephen P. Staal, M.D.

8300 Corporate Dr, Landover, MD 20785

29c, LICENSE NUMBER

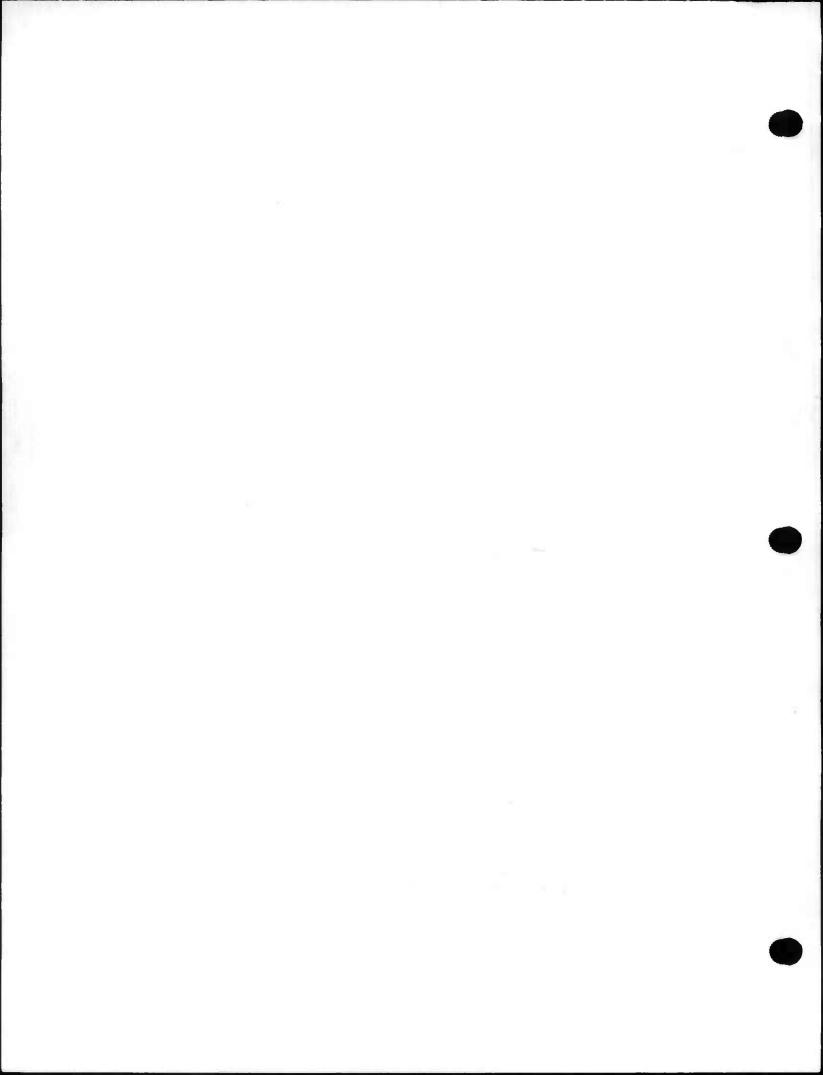
1 TYES 2 X NO

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 01 who Davidson Randell

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Nov 1, 1990



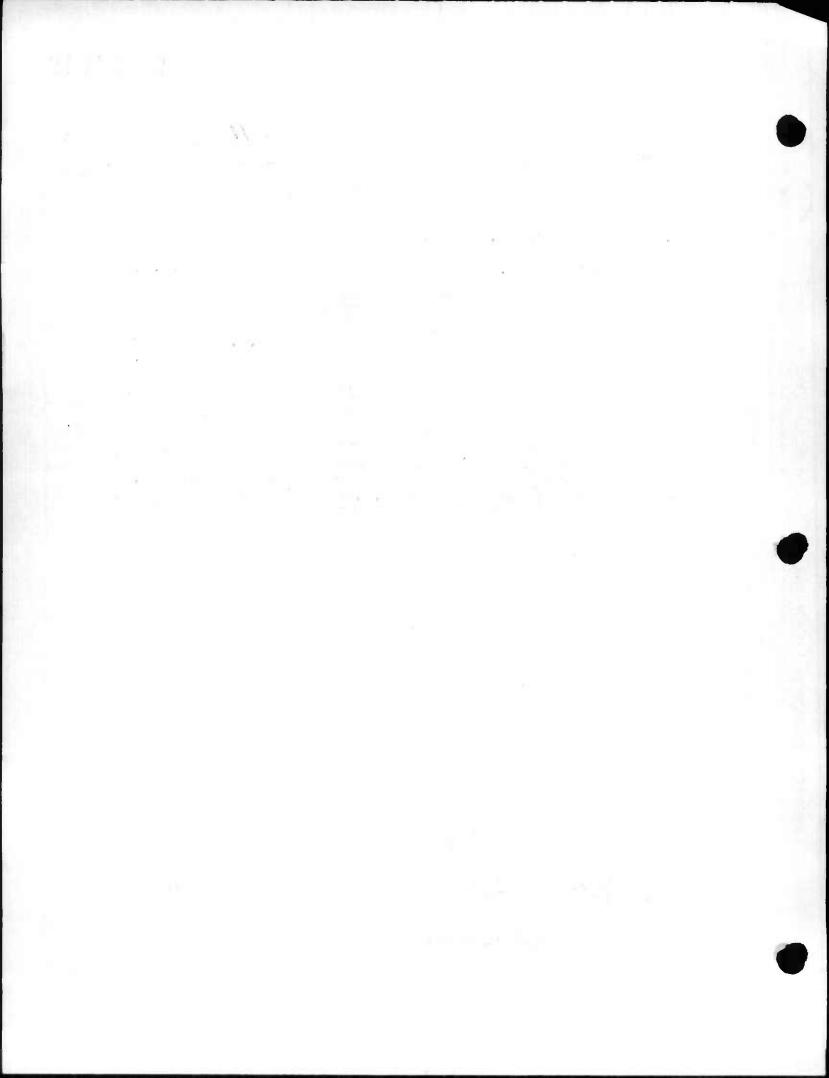
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other tracmatic event, the medical expenses.	BALTIMORE, MARYLAND	yours after death. Page 6 may be retained by the hospi	y filled in by the funeral director, page 5 should be detached ation, or removal.	the medical examiner must be notified at once.	
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPIDL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, eremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
	CE	RTIFICATE	OF DEA	TH		REG. NO.

FOR - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HI		WENTAL HYGIEI			
1. DECEDENT'S NAME (First Middle, Lest,	ERTS				2. DATE OF DEATH	DAY 9	90	1002 P
4 SOCIAL SECURITY NUMBER 578-10-2389	5. SEX 6. AC		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	9	8. BIRTHP Country)	MD .
Williamsport				msport	АТН	Wasl		
IOa. STATE 10b. COUN	ngton Co.		TOWN OR LOCATI					10d. INSIDE CITY LIMITS? 1- YES 2 NO
Milestone Gard	len Apts.	#12G	101.	21795			EN OF WI	IAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO		olfy Cuban, Maxica	IIC ORIGIN? (Specify Y n, Puarlo Rican, etc.)	es or No-	14. RACE Black, Specify	- American indian, White, atc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S U. (Give kind of wo	rk done during mos		16b, KIND OF B U.S. C Treasu	fover	nmer	
T. FATHER'S NAME (First, Middle, Lest) Harry Masters	Schnebly			18. MOTHER'S NA Sarah	ME (First, Middle, Maide Elizabe		Down	ıs
190. INFORMANT'S NAME (Type/Print) Helen E Neimy (er	Milest	tone Ga	Number or Rural I rden A	pt 12G V	wn, State, Zip /illi:	code) ams p	ort MD.
10e METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Rei 11 Donation 8 Other (Specify) 11. SIGNATUBE OF EUNERAL SERVICE L		Stother place aul	PINAMEAN	ADDRESS OF FA	Heral Ho		Inc.	<u> </u>
23. PART I. Enter the diseases, or shock, or heart failure shock, or heart fai	a. A U ODUE TO (OR A DUE TO (OR A C.	n aach Ilna.	(E)	LEG				Intervel Betwee
	ons contributing to deet	ibrilles	the underlying	cause given in		N AUTOPSY DRMED? 2 NO		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)			
7. MANNER OF DEATH 1 M Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yes	RY 20b. TIME INJU	RY WOI		28d. DESCRIBE HOW	INJURY OCC	URED	
3 Suicide 8 Could not be determined	26s. PLACE OF INJI building, stc. (S	JRY — At home, farm, ati Specify)	reet, factory, office		261. LOCATION (Stree City or Town, Stee		or Rural Ro	oute Number,
onel	SICIAN: To the best of my ki							and menner as stated.
29b. SIGNATURE AND LITTLE OF CERTIFIC	we M			29c. LICENSE NUI D 33700	MBER			Month, Day, Year)
Dr. Ted E. Howe,				20832				
NOV 1 3 'QO	12 REGISTRAR'S S	A Mandalle						

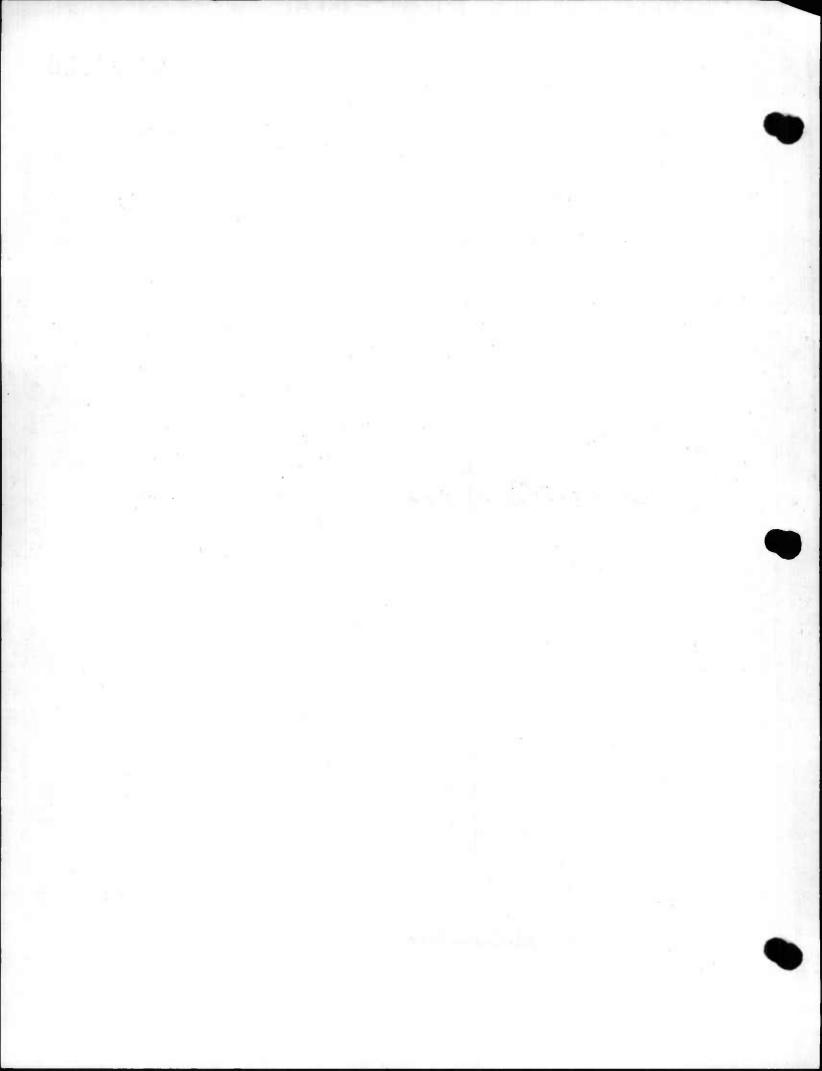


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	. 2	
	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 hash with the State Dest of Health and Mental Hydiene prior to burial, cremation, or removal.	
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or after	use a	
spital (ned for	
the ho	detaci	once
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e retair	5 she	notif
may b	ж рад	ed is
Page 6	direct	ner me
death.	funera	хаты
s after	by the	dical
4 hour	filled in	traumatic event, the medical examiner must be notifie
within .	pletely	ent, tl
cuted	d com	tic ev
pe exe	or to b	эпша
tificate	physical phy	ther to
ath cer	tending al Hydi	0 TO
the de	the al	Injury
es that	afth an	s any
requir	been si	show
The law	te has	9m 23
ICIAN:	ertifical	or Ite
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	3. After this certificate has been signed by the attending physician and completely filled in by the firm high the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDING	R: Afte	II S III
TIN HO	TO THE FUNERAL DIRECTOR: he filed within 72 hours after	ет 28
PITAL C	RAL D	T. H. III
E HOS	FUNI Within	RTAN
HT DI	日本	IMPO

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF M	ARYLAI	ND / DEPAR				MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Patsy Ann H		,D						MON	of DEATH DA		YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMB	BER	5. SEX	8. AGE (In	yrs. lest birthdey)	IF UNDER	_	IF UNDER 24 HRS.	7, DATE	OF BIRTH th, Day, Year)			ACE (State or Foreign
442-34-7844	4	1 🗌 M 2 🔀 F	56	YRS.	MONTHS	DAYS	HOURS MIN.		. 24,19	33	0klah	oma
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATION OF D				Y OF DEAT	н
1014 Potoma	ac Aver	iue			Н	lagei	stown			Was	hingt	on
RESIDENCE OF DEC	10b. COUNTY				Y, TOWN O							d. INSIDE CITY
Maryland		noton										LIMITS?
MAL Y LAND	Washi	ngton		Ha	agers		ZIP CODE			40- CITIZI		YES 2 NO
1014 Potoma	A					101.				iog. Gilizi		COONTRY
1. MARITAL STATUS	ac Avei	12. WAS DECEDENT	EVER IN I	I S ADMED	12 W	We nece	21740	NIC ORIG	IN2 /Specify Vee	or No. 1	USA	American Indian
Never Married 2 🔀	_	FORCES? 1 [IF YES, GIVE WA	YES	2 XNO	If	yes, spe	city Cuban, Mexic 2 X NO Spec	en, Puerto		0.100	Specify: Whit	American Indian, hita, atc.
	EDENT'S EDUC y highest grade		1	8e. DECEDENT'S (Give kind of				16	b. KIND OF BUS	INESS/INOU	STRY	-0
Elementary/Secondary (0		College (1-4 or 5+)		ille. Do NOT us	se retired.)							
12		4	¢c	onsultar	nt di	etit	ian		state			
7. FATHER'S NAME (First, M							18. MOTHER'S N	AME (First,	Middle, Maiden	Surneme)		
Louis A. Mo	oss						Vera	Fitc	h			
9a. INFORMANT'S NAME (7							nd Number or Rura		,		-	
Robert L. F	Regenol	.d		1014	Poto	mac	Ave., H	lager	stown,	Md.	21740	
te. METHOD OF DISPOSIT M Burial 2 Cremetic Donation 5 Other	on 3 🗆 Remo	oval from State		et Haver			etery, cremetory or	,	20c. LO	CATION - C		n, Md.
1. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	-		22.1	NAME AN	D ADDRESS OF F					,
150	N	m		. 1			CH FUNEF					
23. PART I. Enter the d												Md. 21740 Approximate
shock, or h IMMEDIATE CAUSE (Fir		List only one caus			^							Interval Between Onset end Death
diseese or condition	nei	Q	0.65	true-	5	20	ame					8 mont
resulting in death)		DUE TO	OR AS A C	CONSEQUENCE O	ค:							013001
Sequentially list condit if any, leading to imme		DUE TO (OR AS A C	ONSEQUENCE O	የ):							
cause. Enter UNDERLY CAUSE (Disease or Init	ING	2.										
that initiated events		DUE TO (OR AS A C	CONSEQUENCE O	F):							
resulting in death) LAS	ST .	1										
PART II. Other significa	ent condition	a contributing to	death hu	not requiting	In the un	deriving	cause alven i	n Part I	24e, WAS AN	ALITOPSY	24b W	ERE AUTOPSY FINDINGS
Att II. Other significa	one condition	a continuoting to	Joseffi Dui	TIDE TESURING	iii die dii	derlynng	cause given i	n rant i.	PERFOR		Al	AILABLE PRIOR TO
					_				1 TYES 2	□ NO		OMPLETION OF CAUSE F DEATH?
							-				1	YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF OEATH (C	Check only	one)			
1 TYES 2 NAME OF DEATH		1 Inpatient 2					e 5- Residence	-				
_/	Pending	28a. DATE OF (Month, De		28b. TIR	JURY M		RK?	28d. D	EŞCRIBE HOW I	NJURY OCC	URED	
2 Accident	Investigation						ES 2 NO					
3 Suicide a 4 Homicide	Could not be determined	building,	Mc. (Specify	- At home, farm,	street, fact	ory, office			CATION (Street I by or Town, State)		or Rural Rou	te Number,
CONSUM OF IT		CIAN: To the best of										
one) 2 MED	DICAL EXAMINE	R: On the basis of ex	amination	and/or investigati	on, in my o	pinion, d	eath occured at the	he time, de	its and place, an	d due to the	cause(s) a	nd manner as stated.
THE SIGNATURE AND TITLE	E OF CERTIFIE	11					29c. LICENSE N	UMBER		29d. DATE	SIGNED (M	lonth, Day, Year)
Mel	- f	LIA	1	m			D 23	362	3	1	11	13/90
Preder	F PERSON WH	O COMPLETED CAUS	E OF DEAT	[H (ITEM 27) (Type	99	14	mell	Rel	16	2000	cton	w had
31. DATE FILEO (Month, Day,	Year)	32. REGISTRA	R'S SIGNA	TURE		. 11	,	,		10	,	
NOV 13 '90)	Julia Davi	dson-	hande								



	execute	and co
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	TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execute	VAL DIRECTOR; After this certificate has been signed by the attending physician and co 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buna
	death	atten ental h
N. F.	the the	y the
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	CIAN	the
	PHYS	this with
	OING	After
	LEN	TOR:
	DR A	DIREC
	AL	以内

	1. DECEDENT'S NAME (First,	Middle, Last)			10					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	Nuche	Sch	niarell	i						NOV	4	199	YEAR	2:00 PMM
	4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In yr:	s. lest birthday)		ER 1 YEAR			7. DATE OF E				IPLACE (State or Foreign
	210-03-161	3	XXM 2 □ F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	3/2		116		mnsylvania
	9e. FACILITY NAME (If not ins	stitution, give st	treet and number)			9ь. СП	TY, TOWN	OR LOCATI	ON OF DE				NTY OF E	
8	403 Byrn	Stree	et				Cam	brid	ge			D	orcl	nester
DIRECTOR	RESIDENCE OF DEC													
ᄣᅵ	10s. STATE	10b. COUNTY			10c, CI		OR LOC							10d. INSIDE CITY LIMITS?
	Maryland	DOI	cheste	r		Ca		idge						XYES 2 NO
₹	10e. STREET AND NUMBER	J	2.5				۱,	of, ZIP COD				10g. CIT		WHAT COUNTRY?
FUNERAL	316 Crusa	der 1				T			613				US	
교	1 Never Married 2	Merried	12. WAS DECEDEN FORCES? 1	XYES 2	□ NO	13	If yes, s	pecify Cubi	in, Mexica	NIC ORIGIN? (S in, Puerto Ricar		or No-	Blac	E American Indian, k, White, etc.
≱	3 Widowed 4 Divor		IF YES, GIVE W	WAR OR DATES			1 YE	S XXNO	Specif	y:			Spec	*** White
		EDENT'S EDUC	CATION		. DECEDENT'S					18b. KIN	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work don ise retired.	e during n !.)	rost of worki	ng	525,535,5				
4	8		comage (1 4 of 5	"	Weld	er				1				
<u></u>	17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOT	HER'S NA	ME (First, Middl	e, Meiden	Surname)		
	Cornelius	Schia	arelli					R	osi	na Ber	rtol	ini		
BE	19a. INFORMANT'S NAME (7)	rpa/Print)			19b. MAILIN	G ADDRE	SS (Street	and Numbe	r or Rural	Aoute Number, (City or Town	n, State, Zi	ip Code)	
임	Elsa Wrig	ht			403	Byr	n S	t. C	amb:	ridge	, Mc	1. 2	161	3
	20e METHOD OF DISPOSITI	ON		20b. PL	ACE OF OISPO	SITION (Name of c	emetery, crea	natory or		20c. LO	CATION -	City or To	own, State
	4 Donetion 5 Other		oval from State		rches	ter	Me	mori	al i	Park	Ca	mbr	idge	e, Md.
	21, SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			2:	2. NAME	AND ADDRE	SS OF FA	CILITY The	2m 2 c	Fu	nor	al Home
	► / / L	TL	20.0			- 1	700	Loc	net					Md. 21613
H	23. PART // Enter the di	222202 010	complications the	t caused the	death Do									Approximate
- 1	ahock, or he	art fallure.	List only one cau	se on each	line.	not and		rodu or dy	1119, 000	40 0010140	or roup.	etory a	,	Intarval Between
	IMMEDIATE CAUSE (Fin disease or condition	al	11-1	+	8 .	./	,			(Onset and Death
	resulting in death)	→	a /e /g	INP AS A CO	C M	0/1	912	anc	Y,	Wit	= -5	pre	FO	Months
_		_	10000	(6 day			100		1	1.	1.		i
੬∣	Sequantially list conditi		Ung DUE TO	(OR AS A CO	NSEQUENCE (OF):	1./	ser	40	nerd		Jan	yen -	
<u>¥</u>	If any, leading to immed cause. Enter UNDERLYI	NG	Mile	- 5 -	1									
CERTIFICATION	CAUSE (Disease or inju- that initiated events	ν]	DUE TO	(OR AS A CO	NSEQUENCE (OF):	-	_						
ᇤ	reaulting in death) LAS	T	d. P	rimary:										
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
র	PART II. Other digililion	- condition		daam out i	HI LINE	undeny	ing cause	Aison III	Part I. 24	PERFOR		24	AVAILABLE PRIDE TO COMPLETION OF CAUSE	
MEDICAL										10	YES 2	NO		DF DEATH?
_										—				1 TES 2 NO
PHYSICIAN:	Ar WAS GARE DEFENDED TO	40 N AGE OF PERTURN AND A SECOND SECO												
ᅙ	EXAMINER?	MOSPITAL. OTHER:								neck only one)				
₹	1 TYES 2 NO		1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
	27. MANNER OF DEATH 1 Netural 5	Pending	28e. DATE OF (Month, E		28b. Til	JURY M	٧	NJURY AT	7 110	28d. DESCRI	BE HOW I	NJUHY O	CCURED	
B	2 Accident	Investigation	Dan Di ACE C	NE IN HIEW					NO	204 1 2 2 4 7 1	MA (170	14 17 1-16		Down Washington
		Could not be		of INJURY — A etc. (Specify)	at nome, term,	etreet, n	actory, on	fice		City or To	own, State)	ind Numbi	er or Hural	Floute Number,
COMPLETED	AN CERTIFIER												_	
린	Correct Grilly		ICIAN: To the best of											
ဂ္ဂ် ဂြ	2 MEDI	CAL EXAMINE	R: On the basis of e	examination an	d/or investigat	ion, in m	y opinion	, death occu	red at the	time, data end	l place, er	d due to	the ceuse	(e) end menner ee stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R	M				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
2	Lewis In	600	wide	k	17	2		0	000	180		25	NEV	190
-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Typ	e, Print)								
	31. DATE FILED (Month, Day,	חףי ל		AR'S SIGNATU		9. 00								
	I MUV	7 911	94	THE WALLY	1001-1101	OAK.	•							

November 1987

1 -	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF N		RTIF	ICATE (OF D	EATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	Emma L. Spur	rier						Nov. 4,	199	YEAR	3a.m. M
	4, SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. last	birthday)	IF UNDER t YE	AR IF	UNDER 24 HRS.	7. DATE OF BIRTH		S. BIRTH	PLACE (State or Foreign
	214 16 0345A	□ M 2,5,F	90	YRS.	MONTHS DA	AYS HO	URS MIN.	(Month, Day, Year) 6/7/19(0.0	Country	rvland
	96. FACILITY NAME (If not institution, give street				9b. CITY, TO	WN OR L	OCATION OF DE	<u> </u>	7	JNTY OF D	
Œ.	Sykogyille F	lder C	are		Cvrk	-061	ille,		Ca	arro	11
DIRECTOR	Sykesville, E	Idei c	arc							IIIO.	
2	Md. Carr	011		10c. CIT	Y, TOWN OR L	ocation					10d. INSIDE CITY LIMITS?
▫		011			Gai						1 YES 2 NO
₹	10e, STREET AND NUMBER					10f. ZIF	CODE		10g. Cl	TIZEN OF W	/HAT COUNTRY?
剪	7624 Gaith						2173	5	J	JSA	
ᆵ	11. MARITAL STATUS 1 Never Merried 2 Merried		T EVER IN U.S. ARM					IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	s or No—		. — American Indian, ., White, etc.
BY FUNERAL	3x5xWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆	YE9XEX	NO Specify.	:		Spec	White
	15. DECEDENT'S EDUCA	TION	16a, DEC	EDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESS/IN	IDUSTRY	
	(Specify only highest grade co		(Giv	e kind of Do NOT u	work done during retired.)	ng most of	working				
P	Seven	=	·	mas	itor			Ne	wena	aper	
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)		1 001	. DOL		18	MOTHER'S NAM	ME (First, Middle, Meiden			
	Edward W	ilson	Beall				Cora	Burdett	e		
) BE	19s. INFORMANT'S NAME (Type/Print)		19b.	. MAJLING	ADDRESS (St	treet end f	lumber or Rural R	loute Number, City or Tox	m, Stetu, Z	ip Code)	21043
2	Vera Stewart		1	003	3 Fox	c De	en Roa	d Ellico	tt (City	, Md.
	20e. METHOD OF DISPOSITION 1X Durial 2 Cremation 3 Remov	ni fanm State									
	4 Donation 5 Other (Specify)	an from State	Crés	stla	wn Me	emor	cial G	ardens M	arr	iott	sville, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEI	NSEE	r .		22, NA	ME AND A	DDRESS OF FAC	Haight	Erry	2022	l HOme
	1 7/200 TI	Las	16t		P.C) ₋ Bo	x 195	Sykesvi	lle	. Md	. 21784
	23. PART i. Enter the diseases, or co	mplications th	t ceused tha dea	th. Do							Approximate
	shock or haert failure. Li IMMEDIATE CAUSE (Finel	at only one cau	use on aach lina.								Interval Batween Onset and Death
	disease or condition resulting in deeth) s.	'P;	VELLMON	14							days
DUE TO (OR AS A CONSEQUENCE OF):											
										years	
E	Sequentially list conditions, if sny, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE C	F):						"
2	cause. Enter UNDERLYING CAUSE (Diseese or injury	2117.00			_						
Ħ	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE C	rF):						i
CERTIFICATION	d.										
	PART II. Other significent conditions	contributing to	death but not re	aulting	in the under	rlying co	euse given in	Part i. 24a. WAS AI		7 246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	DEPRESSION							1 _ YES	1		COMPLETION OF CAUSE OF DEATH?
											1 D YES 2 NO
-											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE	E OF DEATH (Chi	ack only one)			
Sic		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5	Reeldence	6 Other (Specify)			
H	27. MANNER OF DEATH	28e. DATE Of (Month, L		28b. TII	AE OF 28 JURY	c. INJURY		28d. DESCRIBE HOW	INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	1 YES	2 NO				
	3 Suicide 8 Could not be	26e. PLACE (building,	OF INJURY — At hor , etc. (Specify)	me, term,	street, tactory,	, office		281. LOCATION (Street City or Town, State		er or Rural I	Route Number,
ETE	4 Homicide determined										
PL	CONTROL ONLY	AN: To the best o	f my knowledge, de	eth occur	red at the time	, date end	i place, end due	to the cause(e) end me	nner ee si	tated.	
COMPLETED	one) 2 MEDICAL EXAMINER	On the basis of e	examination end/or i	nvestigati	on, in my opin	ion, desti	n occured at the	time, date end place, e	nd due to	the ceuse(s) end menner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	MY.	5			29	c. LICENSE NUM	ABER	29d. D/	TE SIGNED	(Month, Day, Year)
Ω.		714	ソノ				D336	180	•	11/5	190
70	30. NAME AND ADDRESS OF PERSON WHO M. M. CEVOY	COMPLETED CAU	SE OF DEATH (ITEM	4 27) (Typ	rint)		SYKERI	ine m	B	21	764
	31. DATE FILED (Month, Day, Year) NOV 7 '90	32. REGISTR	AR'S SIGNATURE Davidson-1	Randa	00						
	1	1									

use as the page 5 should be detached for notified at examiner must be funeral director, filled in by the other traumatic event, the medical cremation, or anding physician and completely i executed within the attending physician and the death certificate be 6 Mental injury, certificate has been signed by in the State Dept. of Health and law requires that shows any 23 The Hem OR ATTENDING PHYSICIAN: 6 the with 1 marked, L DIRECTOR: After t hours after death 200 Hem TO THE HOSPITAL O
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If ite

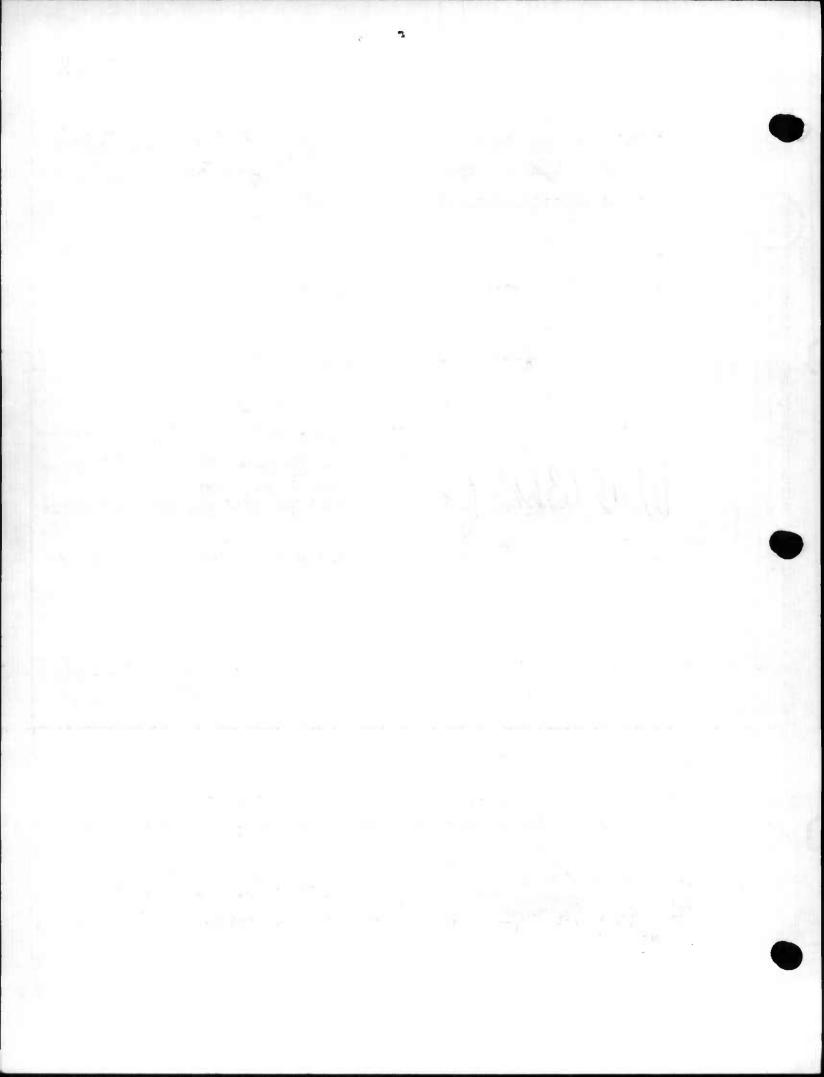
31. DATE FIL

90 31923 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE SEFTON CERTIFICATE OF DEATH STATE REGISTRAR GRAHAM CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH YEAR 4-52 A Ryan 6 90 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 315-40-8210 1 2 M 2 - F YRS. Indiana 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH Physicians Memorial Hospital La Plata Charles DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Charles Maryland Waldorf 1 YES 2XXNO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8010 Holly Avenue 20601 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high ET COMPL 12 Police Officer 4 Law Enforcement 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Alexander Sefton Muriel Copley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8010 Holly Avenue, Waldorf, Md. Nancy J. Sefton 20601 20a. METHOD OF DISPOSITION

Burlel 2 Cremetion 3 Res 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Buriel 2 Cremation 4 Donation 5 Other (Specify) Trinity Memorial Gardens Waldorf, Md. UNE OF FUNERAL ADMICE LIGHT 22. NAME AND ADDRESS OF FACILITY
HUNTT FUNETAL HOME P. O. Box 156, Waldorf, Md. 20604 Marier the diseases, or complications that ca sed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause of ch line. Interval Between Onset and Death IMMEDIATE CAUSE (Final Auroschutic Carto vasin disease or condition resulting in death) 1209 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 6 Pending 1 YES 2 NO B 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ME HM Hatrus C vas lo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. Addistrar's SIGNATURE
Julia Davidson-Randall

2064 1



	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NOI	OF	>	ME	R	00	3DS	٣.	0.	ŏ	137	46,			BAL	Ĭ.	SHE	Z.	ARY	BALTIMORE, MARYLAND 21203-3146	D 21	1203	3-31	146	
HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within furs after death. Page 6 may be retained by the hospital or attending physician.	DR ATTE	ENDING	PHYS	CIAN:	The	aw req	uires th	at the	death	certific	ate be	execute	d withi		purs af	er death	1. Page	6 may	be ret	a peule	y the h	ospital	or atte	pulpua	I physi	sician.
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-trans within 72 hours after death with the State Dept, of Health and Memai Hyglene prior to burial, cremation, or removal.	DIRECTO	R: After or death	this c	ertification State	ate has	been of of	signed Health	and M	ental F	ding ph	prior 1	and co	i, crem	ly filled ation, (In by	the fun	aral din	ctor, p	30e 5	thould t	e detac	thed for	N USB	as the	burla	al-trans
ITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Item 28	is m	orked,	0r 1	em 2	3 she	WE BY	ny Inju	ITY, 0	othe	r traur	matic	event,	the r	nedica	exau	Jenin	must	De 110	pelli	rt once	-				

TO THE HOSPITAL OF THE FUNERAL OF THE MINING TO THE PUNERAL OF THE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M

32 REGISTRAR'S SIGNATURE Sulia Davidson-Randelle

KRISHAN

MATHUR

31. DATE FILED (Month

NOV 05 90

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NOVEMBER 3, 1990 2:39 AM M SIDNEY SCOTT WALTER 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 09-01-1918 DAYS HOURS 1 X M 2 - F 214-14-1571 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PHYSICIANS MEMORIAL HOSPITAL CHARLES LA PLATA MD. 10h COUNTY 10e, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Charles 1 TES 2 NO Nanjemoy FUNERAL 10a. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 1 Box 3 20662 S. A 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO 1 Never Married 2 Marr IF YES, GIVE WAR OR DATES
World War II Specify: BY 3 Widowed 4 □ Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY U.S. Government 6 Ordnance Worker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George Scott Nettie Franklin BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Sandra Longshore Rt.1 Box 3A, Nanjemoy, Maryland 20662 209. METHOD OF DISPOSITION
1-A Burlal 2 Cremation 3 Re 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State Nanjemov Baptist Cemetery Nanjemoy, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Arehart Funeral Home, Arehart Funeral Home, Inc.

La Plata, Maryland 20646

23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. 20646-0567 Interval Between Onset and Death IMMEDIATE CAUSE (Final ACUTE MYELDID disease or condition resulting in death) LEUKE MIA mony DUE TO (OR AS A CONSEQUENCE OF): DRONARY CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAR ARE F PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 - NO 1 Pinpetient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Affatural 5 Pending 1 YES 2 NO BY 2 Accident 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 🔲 Could not be 4 Homicide 29a. CERTIFIER 1 DEFITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occurred at the time, date and place, and due to the cause(a) and ma 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Marh pariely of 11-3-90

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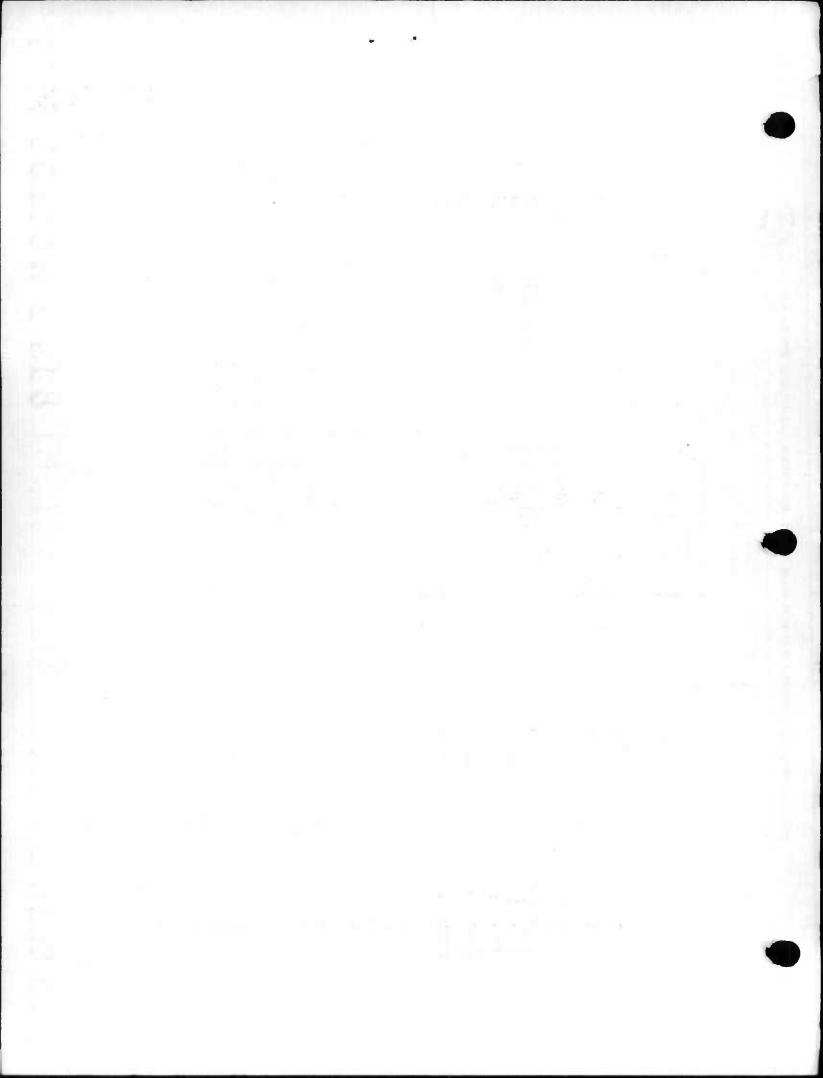
CHARLES PROFESSIONAL CENTER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

WALDORF MD

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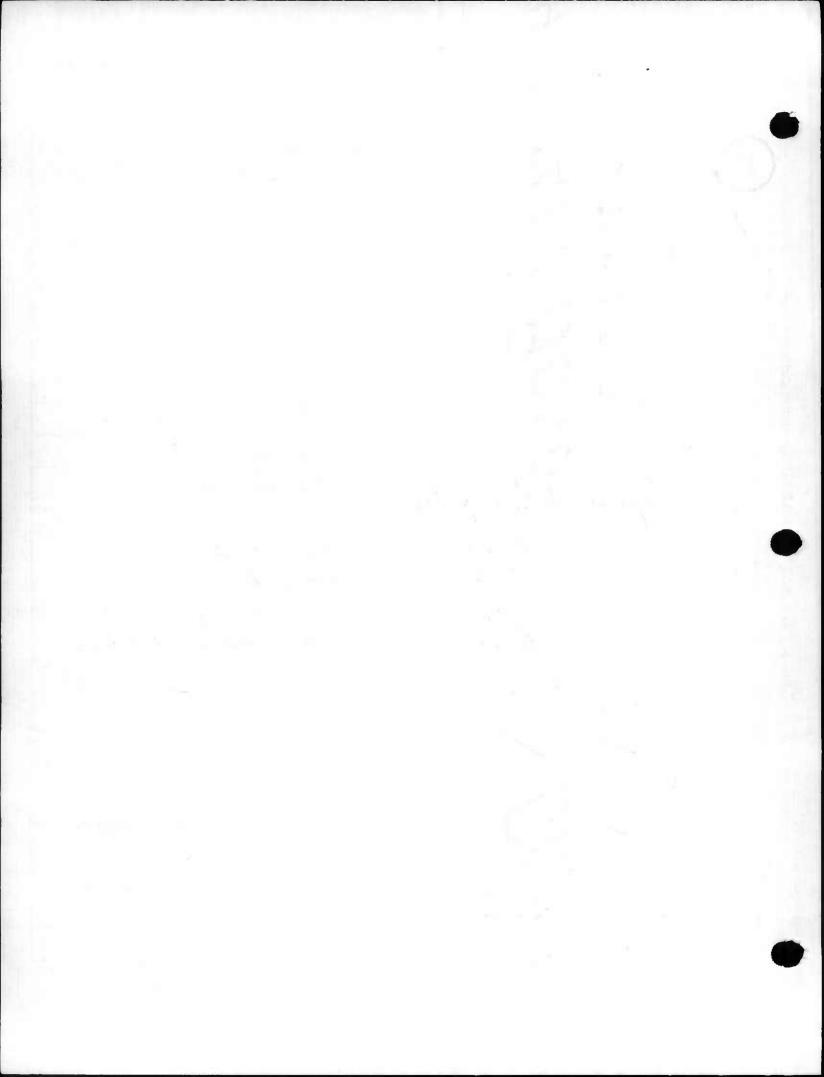


TO BE COMPLETED BY FUNERAL DIRECTOR

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CONF	within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or re	ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the med

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	VEAD	3. TIME OF DEATH
CLARENCE NM	II SWEIGERI			NOVEMBER 4	,1990	10:30 A
SOCIAL SECURITY NUMBER	5. SEX 8. A		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
220180744	1	54 YRS.	ONTHS DAYS HOURS MIN.	09-02-19	26	MD
FACILITY NAME (If not institution, give	atreet and number)	1	Observed and Location of	DEATH	9c. COUNTY OF	
SACRED HEART H	OSPITAL		Cumberland		Alleg	any
STATE 10b. COUNT	ΤΥ	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
1D Alleg	anv	Cimit	erland			LIMITS?
STREET AND NUMBER		Count	10f. ZIP CODE		10g. CITIZEN OF	77/7
11612 Eagle Ave	enue, S.W.		21502		USA	
MARITAL STATUS	12. WAS DECEDENT EVE FORCES? XX Y	R IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No- 14. RAC	E - American Indian,
Never Married XX Married Widowed 4 □ Divorced	IF YES, GIVE WAR O	R DATES	If yes, specify Cuben, Mexi		Spec	
		II				white
15. DECEDENT'S ED (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		manager	Dredox	Truck	Dontol
FATHER'S NAME (First, Middle, Last)		1 OTTICE		NAME (First, Middle, Malden S		Rental
Clarence Sweige	r		200			
INFORMANT'S NAME (Type/Print)		10h MAH ING A	DDRESS (Street and Number or Run	ra Lichlide		
Mrs. M. Betty S	weigert		Eagle Avenue,			21502
			FION (Name of cometery, crematory of		CATION - City or T	
METHOD OF DISPOSITION Burlal 2 Cremation 3 Rei Donation 5 Other (Specify)	novel from State	Rocky Gap	Veterans Ceme	tery Fli	ntstone	
SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- Toolly carp	22. NAME AND ADDRESS OF		ires corre ,	1115
· () 000 010	7 . 0.	11-	Scarpelli F	uneral Home		
3. PART I. Enter the diseases, or	+ Wear	pells	Cumberland,			
equentially list conditions, any, leading to immediate susse. Enter UNDERLYING AUSE (Disease or injury st initiated events sulting in death) LAST	b. JUE TO SOR / C. HD DUE TO SOR / C. HD	AS A CONSEQUENCE OF	furious)	MI (Info	- de la	rubion)
ART II. Other significant condition	te .	ih but not resulting in	the underlying cause given	in Part I. 24a. WAS AN. PERFOR 1 YES 2	MED?	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)		
1 YES 2 NO	HOSPITAL:		OTHER: 4 \(\text{Nursing Home} \) 5 \(\text{Residence} \)	e 6 🗆 Other (Specify)		
MANNER OF DEATH 1 Natural 5 Pending	25e. DATE OF INJU (Month, Day, Ye	RY 28b. TIME	OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED	
Accident Investigation		I I I I I I I I I I I I I I I I I I I	M 1 YES 2 NO			
S Suicide S Could not be determined	building, etc.	URY At home, farm, st Specify)	reet, ractory, office	28f. LOCATION (Street a City or Town, State)	ing Number of Flurel	rioute Number,
contact only	5 V 2 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I at the time, date and place, and d	The field of the same of the s		(e) and manner as stated
SIGNATURE AND TITLE OF CENTIFI	ER		29c. LICENSE N	IUMBER	29d, DATE SIGNE	D/(Monthy Day, Year)
1/	eup u	3 FAC		360	" "	0/70
NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	Bishop Wa	1sh Dr. Cumbe	rland, MD 2	1502	,
v . N . F	- 41/1			Limin, Fill Z		
NOV 07 1990 9	Lia Davidson-H	andelle				
MILLY HEADY 2						



BRUCE

RANDOLPH

SMITH

3. TIME OF DEATH

2:25A

BALTIMORE, MARYLAND 21203-3146	leath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit.	
BA	irs after d	n by the	removal.
	no s	/ filled in	tion, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second earth. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit.	he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crematic

- 1			Z 0 5 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	^-				1.0			
PI	1	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-17-45	C	IRTHPLACE (State or Foreign ountry)		
1		262-74-1288	1 💢 M 2 🗌 F	4.4 YRS.			11-17-45	M.A	ARYLAND		
	, Å	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY (
6	0	Memorial Hospital	& Medical	Center	Cumberla	and		Allegar	ny		
	- American	RESIDENCE OF DECEDENT									
Page	DIREC	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO		
Ĭ		MARULAND ALL 100, STREET AND NUMBER	EGANY	<u></u>	AVALE	. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?		
ti.	A I	325 NATIONAL H	17 G 11 11 A 11		100	21502		USA			
diam.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	ED AN II C ADMED			IC ORIGIN? (Specify Yes		RACE — American Indian,		
burial-trans		1 Never Merried 2 Merried	FORCES? 1 X Y	ES 2 NO	If yes, spe		n, Puerto Rican, atc.)		Black, White, atc.		
the state of	B	3 Widowed 4 X Divorced	1964-1974			and the opening			WHITE		
use as	요	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATIO	ON at of umphing	16b. KIND OF BUS	SINESS/INDUST	RY		
for us	ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)						
	COMPL	12		STAFF	SERGEA	NT	u.s. A	RMY			
detached once.	g	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
8 %	ш	DONALD W. SMIT	ГН			HILDA	v. COLL	INS			
5 should notified	0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tow	n, State, Zip Cod	0)		
30	유	HILDA SMITH		325	NATIONA	L HIGHW	Ay-LAVAL	E , MD	21502		
director, page er must be		20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town, State		
must		1,50 Buriel 2 Cremetion 3 Rem	oval from Stata	MSVC-R	OCKY GA	P	FL:	INTSTO	NE, MD		
il din		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ID ADDRESS OF FA					
tuneral di I. examiner		5/4 1 57	1 ,		GEORG	GE-UPCH	URCH FUNI	ERAL H	OME, P.A.		
			pchurch						, MD 21502		
adic by		23. PART I. Enter the diseases, or ahock, or heart fellure.	complicatione that cau	used the death. Do nech line.	not enter the mo	de of dying, suc	h ea cerdiec or resp	iratory arrest,	Approximats Interval Between		
BOG									Onset and Dasth		
75 =		disease or condition resulting in death)	. Myoc	ardine	tail	we					
ompletel il, crema event,		Toolang in down,	DUE TO (OR	AS A CONSEQUENCE O	F):						
	z	Consumatella, llas condistana	s. My 0 C DUE TO (OR b. DUE TO (OR C. DUE TO (OR	eune	Chra	wnu	opar	ny			
5 8 E	CATION	Sequentially list conditions, if any, isading to immediate	DUE TO (OR	AS A CONSEQUENCE O	F): //	of i		AT			
prior r trau	[호	CAUSE (Disease or Injury	a CON	goriace	(Acor	r jail	au y C	14x	/-		
Hygiene Hygiene or other	RTIFI	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	F):	4	/-				
9 =	ıшı	recommend in death, Exer	d								
Mental Mental njury, o	2	PART II. Other significant condition	ns contributing to dea	th-but not resulting	in the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS		
and and	EDICAL	/ lus son	arrenu	a.			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ealth s a		47/					1 YES :	NO	OF DEATH?		
as been signed by the att bept, of Health and Menta 23 shows any Injury,	Σ						-		1 NES 2 NO		
	IAN:	25, WAS CASE REFERRED TO MEDICAL				105 00 5555					
tate tate	SICI	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)				
certificate h the State	l ₹	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER				6 Other (Specify)	AL HIPPA COLUMN	-		
S 4 0	PHY	1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		JURY WO	DRK?	28d. DEŞCRIBE HOW	INJURY OCCURI	ED		
fter this cath with marked,	₩	2 Accident Investigation				YES 2 NO					
R: Ai	8	3 Suicide 6 Could not be	28a. PLACE OF IN. building, atc.	JURY — At home, farm, (Specify)	atreat, factory, offic	:•	26t. LOCATION (Street City or Town, State		lural Route Number,		
28 at 20		4 Homicide detarmined									
HE T T T T T T T T T T T T T T T T T T T											
DIREC	29a. CERTIFIER Check only Check only 2 MEDICAL EXAMENER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
4 5 m	6	(Check only			on, in my opinion, d	leath occured at the	time, data and place, a	nd due to the ca	use(e) and menner as stated.		
4 5 m	COMPL	(Check only	ER: On the basia of exami		on, in my opinion, d	death occured at the 29c, LICENSE NUI			gnee(e) and menner as stated. GNED (Morith, Day, Year)		
THE FUNERAL filed within 72 PORTANT: If	BE COMPL	(Check only 2 MEDICAL EXAMINI	ER: On the basia of exami		on, in my opinion, d						
FUNERAL within 72 FANT: IS	6	Check only 2 MEDICAL EXAMENI 200. BIGHARDINE AND TITLE OF CENTIFIE	ER: On the basia of exami	nation and/or investigati							
THE FUNERAL filed within 72 PORTANT: If	BE COMPL	Check only 1 C CERTIFFING PATS 2 MEDICAL EXAMINE 250. BIGHATLINE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON AND	ER: On the beels of exami	nation and/or investigati	e. Print)	29c. LICENSE NUI	MBER , 035	29d. DATE SI	GNED (Month, Day, Year)		
THE FUNERAL filed within 72 PORTANT: If	BE COMPL	Check only 1 C CERTIFFING PATS 2 MEDICAL EXAMINE 250. BIGHATLINE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON AND	ER: On the besie of exami	DEATH UTTER 20 1700	e. Print)	29c. LICENSE NUI	MBER , 035	29d. DATE SI	GNED (Month, Day, Year)		
THE FUNERAL filed within 72 PORTANT: If	BE COMPL	Check only 2 MEDICAL EXAMINI 250. BIGHAPLINE AND TITLE OF CENTIFIE 251. NAME AND ADDRESS OF PERSON AND Dr Torres Memo	ER: On the beels of exami	DEATH UTTER 20 1700	e. Print)	29c. LICENSE NUI	MBER , 035	29d. DATE SI	GNED (Month, Day, Year)		

3. TIME OF CEATH

TO BE COMPLETED BY FUNERAL DIRECTOR.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-12) 17. FATHER'S NAME (First, Middle, Last) ETTLEST F. Seifert 19a. INFORMANT'S NAME (Type/Print) Mary Weber 20a, METHOD OF DISPOSITION 1 Removal from St 4 Donation 5 Other (Specify) 21. SIGNAUME OF FUNERAL SERVICE UCDISEE 22. PART I. Enter the disease, or complication shock, or heart failure. List Dnly on immediate cause. Enter UNDERLYING CAUSE (Pleasese or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleasese or player)	ECEDENT EVERS? 1 Ye, GIVE WAR OR	R IN U.S. AFES 2 1 19 19 19 19 19 19 19 19 19 19 19 19 1	THE OF DISPOSE CETT F RIMED NO ECEDENT'S She kind of a bo NOT use gist Of DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F CETT F COF DISPOSE CETT F CETT	13. V 13. V 14. V 15. V 16. V	DAYS TOWN O LIMBE FR LOCATI DUTS 101. MAS OECI I yee, specific yee, yee, yee, yee, yee, yee, yee, yee	ZIP CODE 21532 ENOENT OF HISI ecity Cuban, Mex 2 Pi ND Spe 18. MOTHER'S WE and Number or Ru e., Cum metery, cremetory on tery no Address of st Fune:	Month, Ogy, Na Jan. 9, 1 DEATH PANIC ORIGIN? (Specify lean, Puerto Rican, etc. city: 16b. KIND OF HO NAME (First, Middle, Me 1 lace Clo al Route Number, City or Derland, Me 200	Pos or No— Business/inc spital den Surname) se Rown, Stete, Z d. 21	I. BIRTI-CHYOLOGO INTY OF DISTRICT OF DIST	DEATH 10d. INSIDE CTTY LIMITS? 1 1 YES 2 NO WHAT COUNTRY? E — American Indian, k, White, etc. 2/h1 te
215368793 1	t. ECEDENT EVER S? 1 YE GIVE WAR OR 4 or 8+}	R IN U.S. AFES 2 1 DATES 16a. DI (C) (C) (M) (R) (R) (R) (R) (R) (R) (R) (R) (R) (R	THE OF DISPOSE CETT F RIMED NO ECEDENT'S She kind of a bo NOT use gist Of DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F COF DISPOSE CETT F CETT F COF DISPOSE CETT F CETT	9b. CITY, C1 9b. CITY, C1 13. V 13. V 14. 1 15. V 16. 1 1 1 1 1 1 1 1 1 1	DAYS TOWN O LIMBE FR LOCATI DUTS 101. MAS OECI I yee, specific yee, yee, yee, yee, yee, yee, yee, yee	PRIORITION OF T LAND TON ZIP CODE 21532 ENOENT OF HIST SOLUTION, Max 2 PND Spa TON TON TON TON TON TON TON TON TON TO	PANIC ORIGIN? (Specifican, Puerto Rican, etc. city: 16b. KIND OF HO NAME (First, Middle, Ma 1 lace Clo al Route Number, City or Derland, Ma FACILITY	BUSINESS/INI Spital Wes or No— Wes or No— Wes or No— Tos total Location— Tos tbu	DUSTRY LEGAN 14. RACCE Black Spec W DUSTRY Chy or Te 17g ,	DEATH NY 10d. INSIDE CTTY LIMITS? 1 1 YES 2 NO WHAT COUNTRY? E — American Indian, k, White, etc. 2/h1 te Cown, State Md .
SACRED HEART HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. 11. MARITAL STATUS 12. WAS OF 13 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) 12. Weber 13. INFORMANT'S NAME (First, Middle, Lest) ETTIEST F. Seifert 14. Buriel 2 Cemetion 3 Removal from State of Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. PAPY I. Enter the diseases, or complication shock, or heart failure. List only of immediate cause. Enter UNDERLYING CAUSE (Pleases or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contribut Severe Area Grand Reviews 15. ANG Revous	t. ECEDENT EVERY S? 1 YE GIVE WAR OR 4 or 8+)	16a, DI (C) (R) (R) (R) (R) (R) (R) (R) (R) (R) (R	ECEDENT'S She kind of the policy of the poli	13. V 13. V 14. V 15. V 16. V	In Location burg 101. In Location burg 101. In Location burg 101. In Yes occupation most of the most of control of the most of control of the most of control of the most of control of the most of control of the most of control of the most of control of the most of control of the most of control of the most of control of the most of the m	TON ZIP CODE 21532 ENOENT OF HIS ectly Culban, Mex 2 PND Spe Not of working SE 18. MOTHER'S WE and Number or Run We , Cum metery, cremetory on etery ND Address of St Fune:	PANIC ORIGIN? (Specify Ican, Puerto Rican, etc. city: 19b. KIND OF HO NAME (First, Middle, Mailace Clo	BUSINESS/INI Spital Wes or No— Wes or No— Wes or No— Tos total Location— Tos tbu	TIZEN OF V. S. A.	Ind. INSIDE CITY LIMITS? 1 X YES 2 NO WHAT COUNTRY? E — American Indian, t, White, etc. White Own, State Md.
106. COUNTY Md. 107. Allegany 108. STREET AND NUMBER 117 Mt. Pleasant St. 118. MARITAL STATUS 129. Was OF FORCES 150. DECEDENT'S EDUCATION. 150. DECEDENT'S EDUCATION. 150. DECEDENT'S EDUCATION. 150. DECEDENT'S EDUCATION. 160. DECEDENT'S EDUCATION. 170. Partier's NAME (First, Middle, Last) 170. Ether's NAME (First, Middle, Last) 170. FATHER'S NAME (First, Middle, Last) 180. INFORMANT'S NAME (Type/Frint) 180.	ecedent every services of the	16a, DI (C) (R) (R) (R) (R) (R) (R) (R) (R) (R) (R	ECEDENT'S She kind of the policy of the poli	13. VISUAL DO VISUAL DE LA CONTROL DE CONTRO	In. In. In. In. In. In. In. In.	ZIP CODE 21532 ENOENT OF HISI ecity Cuban, Mex 2 Pi ND Spe 18. MOTHER'S WE and Number or Ru e., Cum metery, cremetory on tery no Address of st Fune:	NAME (First, Middle, Mailace Closer Party) Arrow Derland, March Chy or Derland, March Chy Chy Chy Chy Chy Chy Chy Chy Chy Ch	BUSINESS/INI Spital den Surname) Se Rown, State, Z d. 21: LOCATION —	DUSTRY L DO CODE Chy or Te	10d. INSIDE CITY LIMITS? 1 1 YES 2 □ NO WHAT COUNTRY? E — American Indian, rk, White, etc. Phi te Cown, State Md •
Md. Allegany De. STREET AND NUMBER 117 Mt. Pleasant St. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced Specify only highest grade completed) Elementary/Secondary (0-12) College (1-12) T. FATHER'S NAME (First, Middle, Last) ETTIEST F. Seifert De. INFORMANT'S NAME (Type/Frint) Mary Weber Do. METHOD OF DISPOSITION Neuriel 2 Cremetion 3 Removal from St. Donation 5 Other (Specify) 1. SIGNAUME OF FUNERAL BERVICE LICENSEE Description of the properties of the pr	ecedent every services of the	16a, DI (C) (R) (R) (R) (R) (R) (R) (R) (R) (R) (R	ECEDENT'S She kind of the policy of the poli	13. VISUAL DO VISUAL DE LA CONTROL DE CONTRO	In. In. In. In. In. In. In. In.	ZIP CODE 21532 ENOENT OF HISI ecity Cuban, Mex 2 Pi ND Spe 18. MOTHER'S WE and Number or Ru e., Cum metery, cremetory on tery no Address of st Fune:	NAME (First, Middle, Mailace Closer Party) Arrow Derland, March Chy or Derland, March Chy Chy Chy Chy Chy Chy Chy Chy Chy Ch	BUSINESS/INI Spital Iden Surname) Se Id. 21:	14. RACI Spec W DUSTRY	LIMITS? 1 X YES 2 NO WHAT COUNTRY? E — American Indian, t, White, etc. White
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Never Merried 2 Merried Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-12) FATHER'S NAME (First, Middle, Last) ETREST F. Seifert In INFORMANT'S NAME (Type/Frint) Mary Weber De. METHOD OF DISPOSITION (Paurial 2 Cremetion 3 Removal from St.) Donation 5 Other (Specify) I. SIGNATIFIED FUNERAL BETVICE LICENSEE PART I. Enter the diseases, or complication shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock, or heart feliure. List pnly of the second shock is a second shock or second s	S? 1 YE, GIVE WAR OR	16a, DI (C) (R) (R) (R) (R) (R) (R) (R) (R) (R) (R	ECEDENT'S She kind of it. Do NOT use Egist Bb. MAILING 812 T OF DISPOSITION MICh	USUAL OCCUPANT AND ADDRESS TOST STION (Naulaels	Yes, spei	octy, Cuban, Mex 2 ND Spe ON et of working SSE 18. MOTHER'S Was and Number or Rue c., Cumi metery, cremetory on terry ND ADDRESS OF	NAME (First, Middle, Mailace Closer Party) Arrow Derland, March Chy or Derland, March Chy Chy Chy Chy Chy Chy Chy Chy Chy Ch	BUSINESS/INI Spital spital den Surname) Se Rown, State, Z Id. 21: LOCATION — TOS tbu	Black Spec W DUSTRY	own, State Md.
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ETREST F. Seifert Da. INFORMANT'S NAME (Type/Frint) Mary Weber Da. METHOD OF DISPOSITION Departed 2 Cremetion 3 Removal from St Donation 5 Other (Specify) I. SIGNADIRE OF FUNERAL SERVICE LICENSEE Departed 1. Enter the diseases, or complication shock, or heart failure. List only of the condition shock or heart failure. List only of the condition shock or heart failure. Sequentially list condition shock or heart failure. List only of the condition shock or heart failure. List only of the condition shock or heart failure. List only of the condition shock or heart failure. List only of the condition shock or heart failure. List only of the condition shock or heart failure.	one that cause or	20b. PLACE offer p St.	of DISPO	SITION (Na laels	me of com Cett NAME AN	and Number or Au e., Cuml metery, cremetory me tery ND ADDRESS OF	ed Route Number, City or Derland, More 2000	Nown, State, Zid. 215	City or To	Md.
MATY Weber De, METHOD OF DISPOSITION Aburlai 2 Cremation 3 Removal from St Donation 5 Other (Specify) I. SIGNATIFIED FUNERAL BETWICE LICENSEE II. PART I. Enter the diseases, or complication abock, or heart feiture. List prily of the model of the mo	one that cause or	20b. PLACE offer p St.	of DISPO	SITION (Na laels	me of com Cett NAME AN	netery, cremetory on etery ND ADDRESS OF	FACILITY	LOCATION —	City or To	Md.
Donation S Other (Specify)	one that cause or	sed the den each line	eath. Do	aels 22.1	Cem	netery ND ADDRESS OF	FACILITY	'ros tbu	urg,	Md.
AND CARRY II. Other significant conditions contribute to the condition of	ne cause or	sed the do	eath. Do i	22. 1	name an	ot Fune	FACILITY			
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Severe ARTE GANGRENOUS	DUE TO (OR A)	M a	NAR OUENCE O	Y 17/1:	Em	rboLu	S-			
will write 1/18	RIOSO Rig	cles	ROTI	el	IAS	culk	R DLBOAS	S AN AUTOPSY RFORMED?	241	b. WERE AUTOPSY FINDR AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DEATH	(Check only one)			
111034111	ent 2 ER/O	Outpatient :	3 DOA	4 Nun	sing Hom		e 6 🗆 Other (Specify)			
	DATE OF INJUF Month, Day, Yea		28b. TIN	ME OF JURY M	28c. INJ WO 1 1	JURY AT DRK? YES 2 ND	28d. DEŞCRIBE H	OW INJURY O	CURED	
3 Suicide 28e. P	PLACE OF INJU building, etc. (S		iome, ferm,	street, fact	ory, offic	20	261, LOCATION (SI City or Town, S		er or Rural	Route Number,
Pe. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be										(s) and manner as stated
96. SIGNATURE AND TITLE OF CERTIFIER	nu	· (D.				29c. LICENSE	NUMBER 5638			10 (Month, Day, Year)
O. NAME AND ADDRESS OF PERSON WHO COMPLETED TO STRUCK PLA	1	DEATH (ITI	EM 27) (Type	e, Print)	N,				1	

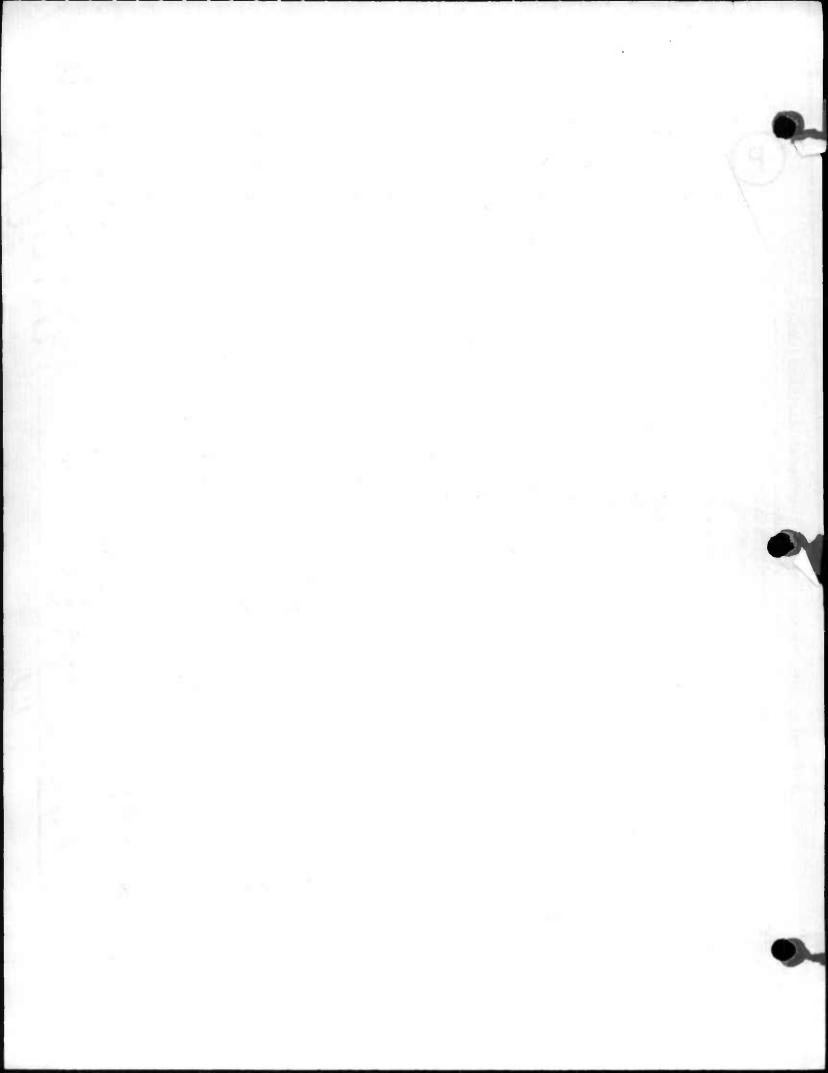
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the medical examiner must be notified at once.

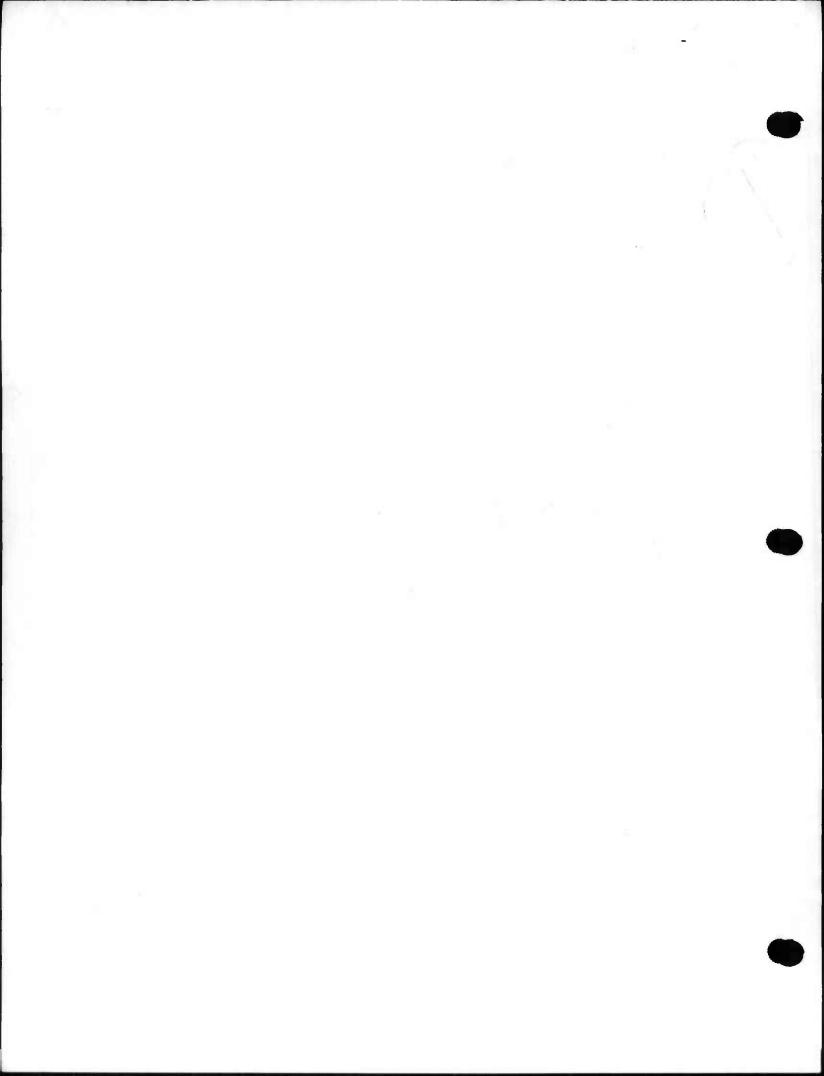
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	H	E A	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic even
	F	王皇	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnet, certified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnet, certified within 72 hours.	=

	1. DECEDENT'S NAME (First,	Middle, Last)	0							2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		, Se	-						11 0	8	90	10 2 Am M
			5. SEX	6. AGE (In yrs. less	YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign
	215-18-8			82	Trip.	AL OUT	70101	OR LOCATI	011 OF DE	07-08-08	V .	INTY OF DE	
B	FROSTBURG	_					stbu		ON OF DE	MD.	13 (2.5.3)	EGAN	
5	RESIDENCE OF DEC	EDENT								110.	na		
DIRECTOR	MD	10b. COUNTY Δ 1 1	egany			wher							10d. INSIDE CITY LIMITS? 1 XYES 2 NO
	10e. STREET AND NUMBER	MII	egany		Ou	MIDCI		. ZIP COD	E		10g. CIT		AT COUNTRY?
FUNERAL	240 Bond	Street						2150	2		T	JSA	
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED			ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		14 BACE	- American Indian, White, etc.
BY	1 Never Merried 2 3 Widowed 4 Divor			WAR OR DATES				2 📉 NO				Specify Whi	
		EDENT'S EDUC highest grade		(Gi	ve kind of i	USUAL O		ON ast of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	Do NOT us		for	eman		Western	a MD	Doi1.	ond.
OM	17. FATHER'S NAME (First, Mi	iddle, Last)		10		Tack	101			ME (First, Middle, Melden		Malii	. vau
BE C	Silias	See							Iv	a See	,		
TO B	19e. INFORMANT'S NAME (7)		_							Route Number, City or Tox		,,	
-	Mrs. Donna l	•	ncer				_			rland, MD			
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 4 Donatton 5 Other	n 3 🗆 Reme	oval from State	20b. PLACE other ple	ice)	,		Park				and,	m, State MD 21502
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	1	21	22.	NAME A	ND ADORE	SS OF FA	neral Home			
	- Jana	207	ZMCC	noll	li	- 1		•		MD 21502			40.00
	23. PART I Enter the di- ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	part fallure.	List only one ca	use on each line	or,	10	the mo	de of dy	ing, suc	h ea cardiac or reap	iratory a	rreat,	Approximata Interval Between Onset and Death
NO	Sequentially list conditi	ons,	Bon	(OR AS A CONSEC	M	m	N	- CI	nt	mels re	eur	N) where
ATI	if any, leading to immed cause. Enter UNDERLY	NG D	NIII	N KI	our	The	1	201	Dry	ellow	57		6mor
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) LUP										1 1110		
EH	- Consideration of the same of											py	
	PART II. Other significan	nt condition	s contributing to	death but not r	esulting	in the u	ndertyin	g cause	given in	Part I. 24s. WAS AN	AUTOPSY RMEDT		WERE AUTOPSY FINDINGS AWALABLE PRIOR TO
: MEDICAL	1 VES 3- NO COMPLETION OF CAUSE OF DEATHS											TOWNS THE PARTY OF	
PHYSICIAN	25, WAS CASE REFERRED TO MEDICAL EXAMINER? 16. PLACE OF DEATH (Check only one)												
Sic	EXAMPLENT 1 VEB 2 No 1 Impettent 2 EN/Outpettent 3 DOA 4 Nursing Home 5 Teatidence 8 DOHER:												
BY PHY		Pending Investigation	28s. DATE O	FINJURY Dig. Year)	26b. TIN	NE OF JURY M	W	JURY AT DRK7 YES 2 [] NO	28d. DESCRIBE HOW	BUJURY O	OCUMED	190
8	3 Suicide 6	Could not be determined		OF INJURY — At he etc. (Specify)	me, term,	street, fec	tory, affi	*		28f. LOCATION (Street City of Town, State		er ar Aurai Ac	sute Mumber,
COMPLET	one)									to the cause(s) and me time, date end place, e			end manner ee stated.
H	296. SIGNATURE AND TITLE	OF CERTIFIE	mge .					29c. LIC	ENSE NUI	MBER 031	29d. DA	TE SIGNED	(Morith, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAL	SE OF DEATH (ITE	М 27) (Туре	7 ()	Ma	in S	1.1.	onaconin	5		6)
	NOV 1 3 19	90 3	32 REGISTR	AR'S SIGNATURE		. 0	1-1		a	J ., 11115			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ŀ	FOR STATE REGISTRAR	STATE OF I		D / DEPAR					IENTAL	HYGIENI REG. NO.	9	0	3 929
	1. DECEDENT'S NAME (First, Middle, Last) ADMONIA K. SL	DUGH					·		MONTH	DE DEATH DAY	,	YEAR	O'10 PM M
	4. SOCIAL SECURITY NUMBER 233-40-9828	5. SEX 1 □ M 2 XD€	6. AGE (In yrs. liest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIR (Month, Day.) 90 YRS. MONTHS DAYS HOURS MIN. 12.1.1.						OF BIRTH Day, Year)	8. BIRTHPLACE (State or Fo			
	9a. FACILITY NAME (If not institution, give a		30				R LOCATIO			-18-19	9c. COUNT		
TOR	CUMBERLAND NURSA	16 CENT	ER		Ci	umbe:	rland	d ——			Al	legar	ny
JEC.	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN C	R LOCAT	ION					100	I. INSIDE CITY LIMITS?
0	MD Alleg	any		Cu	mber.	_	ZIP CODE	-			40 07777		COUNTRY?
FUNERAL DIRECTOR	1502A Old Towns	e Manor A	pts.			110	21502				US.		COUNTRY?
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	T EVER IN U.S.	ARMED NA			ENDENT O			? (Specify Yes	or No- 14	4. RACE — Black, WI	American Indian, hita, atc.
BY	3 XXIdowed 4 Divorced	IF YES, GIVE	WAR OR DATES			1 YES	2 100	Specify:				Specify: Wh	ite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a	Give kind of	work done	CCUPATIO	N st of workin	g	166.	KIND OF BUS	INESS/INDUS	STRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	form		mplo	yee			Lark	Inn		
CON	17. FATHER'S NAME (First, Middle, Last)						16. MOTA	NER'S NAM	AE (First, M	liddle, Maiden	Surname)		
BE.	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES:	S (Street a				ansrot er, City or Town			1
2	Mr. Ronald F. S	Slough								Cumber			21502
	20a METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLA	ACE OF DISPO	sition (Ne	ON (Name of competery, cremetory or Burial Park Cumberland, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home								
	Janes 7	Scar	ulli			Cumk	erla	ınd,	MD 2	1502			
	23. PART I. Inter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between												
	IMMEDIATÉ CAUSE (Finel diseese or condition	SO.	0.								Onset and Death		
	s. DUE TO (OR AS A CONSEQUENCE OF):												
NOI	Sequentially list conditions, If any, isading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
-ICA	CAUSE (Disease or Injury												
CERTIFICATION	that initiated events resulting in death) LAST d.												
CAL C	PART II. Other aignificant condition						g cause g	given in i	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
		re. cl	chene						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME									1 TYES 2				
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATN (Che	ock only on	e)		1	
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 26a. DATE 0	· ·		-	rsing Non	6 5 🗆 Ra	sidenca					
	27. MANNER OF DEATN 1 Natural 5 Pending investigation	28b. III	28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED										
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	At home, farm,	ma, farm, street, factory, offica 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
LETI	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	d mu knowledo	o doub none	and at the	time deta	and place	and due	to the sev	one(a) and man		4	
COMPLETED	CONSON ONLY												nd manner ea stated.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	R /	IN	1-1	0		29c. LICI	ENSE NUM	BER		29d. DATE	SIGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CA	SE OF DEATH	(ITEM 27) (Typ	e, Print)	_	1)04	481	-	1	16	70
	YETER	B, t	ALI	Mos		30	2 1	CHI	Ey	111.	Citi	utel	theid
	31. DATE FILED (Month, Dey, Year)	32. REGISTR	AR'S SIGNATU	LEVE					/				



mit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO			01200
	1. DECEDENT'S NAME (First, Middle, Last) TOUBE . SIDRANSKY 2. DATE OF DEATH MONTH DAY YEAR 1 2 90											YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. less	IF UNDER 1 Y	EAR AYS	IF UNDE	R 24 HRS.	7. DATE Of (Month,			a. BIRTHPL	ACE (State or Foreign Poland	
	200 30 1200												
OF.		street and number)						ION OF DI	EATH			ITY OF DEA	
1017	Hebrew Home				Roc	kv1	lle				Mon	tgome	ry
DIRECTOR	Maryland 10b. coun	m Montgomer	у	10c. CIT	TY, TOWN OR LOCATION ROCKVILLE								Od. INSIDE CITY LIMITS? XYES 2 NO
A	10e. STREET AND NUMBER					101.	ZIP COD	E	· · · ·		10g. CITI	ZEN OF WH	AT COUNTRY?
E	6121 Montrose Ro	ad					208	352			US.	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S.XARI I YES 2 1 N MAR OR DATES		lf y	es, spe		nn, Mexica	NIC ORIGIN? in, Puerto Ric y:		or No-	14. RACE Black, V Specify: Whi	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	ive kind of		USUAL OCCUPATION work done during most of working									
N N	12		Hou	sewi	lfe				Ho	me			
BE COI	17. FATHER'S NAME (First, Middle, Lest) Moshe Aaron Bear Rachel Landy												
TO B	19a. INFORMANT'S NAME (Type/Print) Herschel Sidran	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										20016	
	20s_METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Removat from Stata 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Bettin Psrael Cemetery 20c. LOCATION - City or Town, Stata Pensacola, Florida												
	21. SIGNATURE OF ONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. 1170 Rockville Pike, Rockville, MD 20852 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate												
	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	NEUMO	NIA	-						notory and		Interval Between Onset and Death
NO	DUE TO (OR AS A CONSEQUENCE OF): DEMENTIA												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
ERTIF	that initiated events resulting in death) LAST d.												
¥	CARCINOMA OF BREAST											VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
: MED	THE DEP TENSION											F DEATH?	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputtent 2 ER/Outpetlant 3 DOA AVE Nursing Home 5 Residence 6 Other (Specify)											_	
ВУ РНУ	27. MANNER OF DEATH V Natural 5 Pending 2 Accident Investigation		F INJURY Day, Year)	26b. TII	ME OF JURY	Bc. INJU WOI	JRY AT RK? ES 2	□ NO	28d, DESC	RIBE HOW	NJURY OC	CURED	
0	3 Suicide 6 Could not b	26a. PLACE building	OF INJURY — At ho i, etc. (Specify)	me, ferm,	street, factor	, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(s) and manner ea stated.										ed.			

29c. LICENSE NUMBER
D 36552

POAD

TO BE COM

29b. SIGNATURE AND TITLE OF CERTIFIER

TALWAR

'90

PANKAJ

31. DATE FILED (MONTH), DO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PALLAT TOLLAR MO 6(2) MONTROSE

32. REGISTRAR'S SIGNATURE

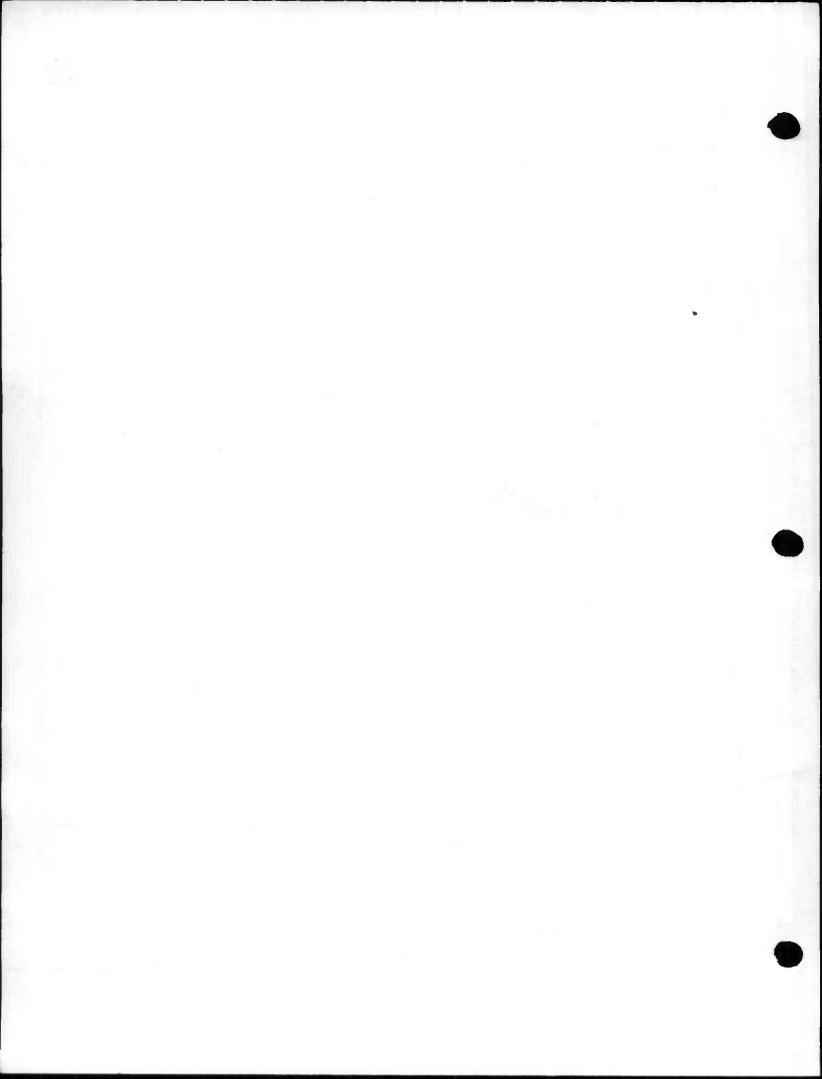
who Davidson

Randall

MP. 20852

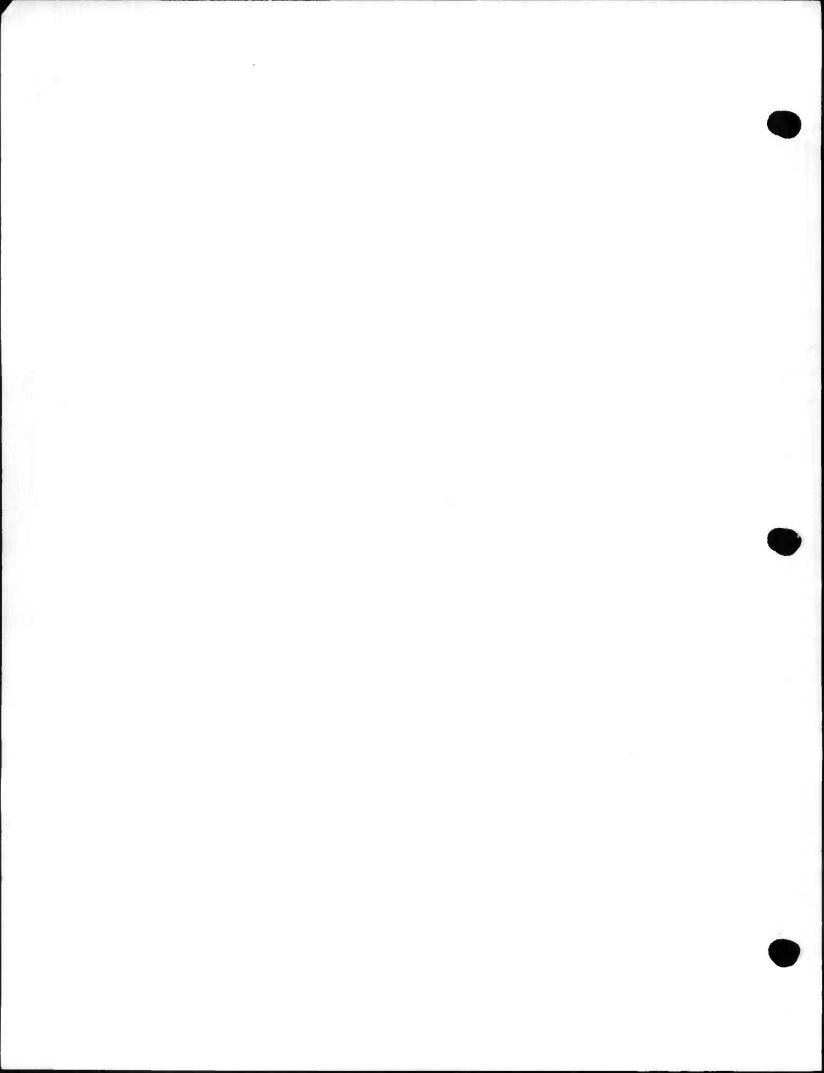
29d. DATE SIGNED (Month, Day, Year) 11/2/90

ROCKVILLE



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	NE	las b	23
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 surs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after charth with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - REGISTRAR		CERT	TIFIC	ATE OF	DEATH	B	EG. NO.					
,	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY YEAR 3. TIME OF DEATH												
	HENRY J SIEGM	AN					NOVEM	BER 4	199	0 4:30 A	M Z		
	4. SOCIAL SECURITY NUMBER	The state of the s					7. OATE OF B	IRTH	8. BIF	THPLACE (State or Fo	reign		
	579-38-8996A	1 ★ M 2 □ F	81 Y	RS.	THS DAYS	HOURS MIN.	5/9/0		Ker	ntucky			
E	90. FACILITY NAME (# not institution, give a MONTGOMERY G.		IOSPITAL			R LOCATION OF DE LNEY	EATH	-	ONTG	OMERY	1		
유	RESIDENCE OF DECEDENT	INLICAL I	IODI I IMB		- 01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	01120	OTTEST(I			
DIRECTOR	10e. STATE 10b. COUNTY	f	100	c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY			
ā	MD Montg	gomery		Silv	er Spi	ing				1 📉 YES 2 🗌	NO		
AL	10e. STREET AND NUMBER				101	ZIP COOE		10g. CITIZEN OF WHAT COUNT					
FUNERAL	14400 Homecrest F	load, #12	1			20906			USA	A			
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 X NO			ENDENT OF HISPAI			0- 14. R/	ACE — American India ack, White, etc.	n,		
BY	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	IF YES, GIVE WA	AR OR DATES			2X☐ NO Specif		,,		ecify: Lte			
	15. DECEDENT'S EDU	CATION	16a. OECEDE	ENT'S USU	AL OCCUPATIO	Ň	16b. KIN	O OF BUSINES	S/INOUSTRY	7			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kii life. Do f	nd of work NOT use rel	done during mo ired.)	st of working							
릴	12	3	Atto	rney	- Civ	ll Servi	ce Fed	deral (Govern	nment			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	e, Maiden Surna	ime)				
BE C	Morris Siegman					Bessie	Harris	3					
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MA	VILING ADI	ORESS (Street a	nd Number or Rural	Route Number, C	City or Town, Sta	ite, Zip Code)	2ode)			
F	Myrna Norwitz		1510	01 M	lddlega	te Rd.,	Silver	Sprin	ng, MI	MD 20905			
	206. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem	ovel from State	20b. PLACE OF D other place)	DISPOSITIO	N (Name of cer	natary, cramatory or		20c. LOCATIO	ON — City or	Town, State			
	4 Donetion 5 Other (Specify)		Judean 1	Memor				Olney,	Mary	yland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc.												
	Dank (1	1	ne_			-	-			MD 208			
•	23. PART i. Enter the diseeses, or	complications that	ceused the death.	Do not						Approxim	ite		
	shock, or heert feliure. List only one ceuse on each line.												
	IMMEDIATE CAUSE (Fine) disease or condition Act to the condition												
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Acute M. occardul Information Gay. DUE TO (OR AS A SONSEQUENCE OF):												
z													
2	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	cause. Enter UNDERLYING											
E	that initiated events	DUE TO	OR AS A CONSEQUEN	NCE OF):									
ER	reaulting in death) LAST												
DICAL CERTIFICATION	PART ii. Other aignificent condition	ns contributing to	death but not reau	iting in t	he underlyin	g ceuse given in	Part I. 24	. WAS AN AUTO		24b. WERE AUTOPSY F			
S	Boten teter A	white C	1				- I.,	PERFORMED	COMPLETION OF CAUSE				
MED	Cab CA	4.0.0					_ ''	_ (60 2 20)		1 YES 2	NO.		
Σ	Part #1						_						
AN	25. WAS CASE REFERRED TO MEDICAL				28. P	ACE OF DEATH (C)	heck only one)						
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 [THER:	e 5 🗆 Reeldence	8 Other (Sc	pecify)					
PHYSICIAN:	27. MANNER OF OEATH	28e, OATE OF	INJURY 28	b. TIME O	F 28c. IN.	URY AT		BE HOW INJUR	TY OCCURE)			
YP	1 Natural 5 Pending	(Month, Di	=y, 10@r)	INJURY		PRK? YES 2 NO							
) BY	2 Accident Investigation 3 Suicide 6 Could not be		F INJURY — At home, atc. (Specify)	form, atre-	et, 1ectory, offic	•	28f. LOCATIO	8f. LOCATION (Street and Number or Bural Route Number, City or Town, State)					
TEC	4 Homicide determined	bollaling,	atta (Specify)				City or it	own, Stare)					
LE	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, death	occurred a	t the time, date	end piace, and du	e to the cause(a) end menner	ee stated.				
COMPLETED	(Check only		camination end/or inves							ee(e) and menner ee s	stated.		
	29b. SIGNATURE AND THE OF CERTIFIE	R / /				29c. LICENSE NU	MBER	29	d. OATE SIG	NED (Month, Day, Year)			
BE	11/16	11				02/3	34		111	4/90			
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITEM 27	7) (Type.:Pri	nt)	/			/	.,,,,			
	Duniel Goldber	10 40 1	01.1	ebu	D.	1 Beth	leida.	md.	208	214			
	31. DATE FILED (MOOTE, Car. 1807), 90	32. REGISTRA	R'S SIGNATURE V	and oo									
		1 1	* a J.	-	-								



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	prior	E
The property of the property o	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation.	If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the
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1	hours	tem
	2	-
Ę	-	40.0

2

296. SIGNATURE AND TITLE OF CERTIFIER R. S. FINNEY

31. DATE FILED (Month, Day, Year)

NOV 05 *90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

R-S. FINNEY TO HOVE HOPKING HOPKING

32. REGISTRAR'S SIGNATURE
Julia Davidson-Aandell

	REGISTRAR			CERT	IFICAT	E OF	DEA	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH							
	NANCY K. SIMPSON				L. L.					OBER 30	1 6	5:50 P		
	4. SOCIAL SECURITY NUMBER 5. SEX			AGE (In yrs. last birthday) IF UNI			INDER 1 YEAR IF UNDER 24 HRS.		7 DATE	OF BIRTH	7	A BIRTHPL	NCE (State or Foreign	
	218-42-1469	1 🗆 M 2 💢 F	-	49 YR	S. MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)	8.42	Ralt	imore, Md.	
39	Sa. FACILITY NAME (If not institution, give	street and number)			0 CI	TY, TOWN C	D LOCAT	ION OF DE		CODCI		NTY OF DEAT		
DIRECTOR	THE JOHNS HOPK		TAL			ALTIM		ION OF DE	-AIRI			TIMORE		
5	RESIDENCE OF DECEDENT													
분	10a. STATE 10b. COUN	ΓY		10c.	CITY, TOWN	OR LOCAT	ION					10	d. INSIDE CITY LIMITS?	
	Maryland Mont	gomery		5	ilver	Spr	ing					1	XYES 2 NO	
4	10e. STREET AND NUMBER				_	101	ZIP COD	Œ			10g. CITI	ZEN OF WHA	T COUNTRY?	
E E	14609 Silverstor	e Dr.				2	0905				USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	U.S. APMED	13				NIC ORIGI	IN? (Specify Yes		14. RACE —	American Indian,	
	1 Never Married 2 X Married	FORCES? 1	YES	2 2 NO.		If yes, sp	ectty Cub	an, Maxica Specify	n, Puerto	Rican, atc.)		Black, W	White	
BY	3 Widowed 4 Divorced	IF TES, GIVE Y	MAN ON DI	NIEG-		1 🗆 169	27- NO	эрвсну	y:			эресну:	WILLCE	
0	15. DECEDENT'S ED			16a. DECEDER	T'S USUAL	OCCUPATIO	ON		16	b. KIND OF BU	SINESS/INC	DUSTRY		
E	(Specify only highest grad			(Give kind	i of work don IT use retired.	e during mo	st of worki	ing						
٦	Elementary/Secondary (0-12)	College (1-4 or 5	*)	Contra	ct Ad	lmini	stra	tor	I٦	BM				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-4								Middle, Maiden	Promone)			
ö	Morris Kanow						200.000			rlich	Sumame)			
BE														
2	190. INFORMANT'S NAME (Typo/Print) Joseph Simpson							mber, City or Tow			20005			
									, 51	-			20905	
	26gr. METHOD OF DISPOSITION 1 ♣ Burlel 2 ☐ Cremation 3 ☐ Rei	other place)	TE OF DISPOSITION (Name of cometery, crematory or place) Zion Cemetery Baltimore, Maryland											
	4 Donation 5 Other (Specify)	naarei									ryland			
	21. SIGNATURE OF FUHERAL SERVICE L		22	2. NAME A	O ADDRE	ESS OF FA	CILITY	Danzan	sky-	Goldbe	rg Mem.Ch			
	1170 Rockville Pike, Rockville, Md											d. 20852		
_	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reaptratory arrest, Approximate													
	shock, or heart failure. List only one cause on aech lina.												interval Between	
	IMMEDIATE CAUSE (Finel												Onset and Deat	
	disease or condition resulting in death)	DIAC F	AILUA	RE							1 Hour			
	DUE TO (OR AS A CONSEQUENCE OF):											18 . Nace 237		
z	Sequentially list conditions b. HYPERTROPHIC CRROIOMYCFRATHY AND PULMONARY HYPERTEUSON											10 YEARS		
은	Sequentially list conditions, if any, isoding to immediate	CONSEQUENC	E OF):											
8	cause. Enter UNDERLYING CAUSE (Disease or injury	CONGENI	MAC !	TUNNEL	ROA	AIC.	SPEN	CONVEN	11/1		47 YEARS			
뜨	that initiated events		AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST d. BICUSFID RORPIC VALVE													
	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING													
EDICAL	TATE II. Other aigniticant condition	AL HOL TOWN	x resulting in the underlying cause given in Part I						RMEO?	A	MILABLE PRIOR TO EMPLETION OF CAUSE			
ĕ									1 _ YES 2 _ 160					
¥												1	YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL					26. Pi	LACE OF	DEATH (Ch	eck only	one)				
PHYSICIAN	EXAMINER?	HOSPITAL:	☐ ER/Out	patient 3 🗆 De	A 4 D N		10 5 D F	Residence	6 🗆 Ott	her (Specify)				
¥	27. MANNER OF DEATH	28a. DATE O	FINJURY		TIME OF		URY AT			EŞCRIBE HOW	INJURY OC	CURED		
	1 Natural 5 🗌 Pending		Day, Ybar)		INJURY		PRK?	□ NO						
B	2 Accident Investigation	f — At home, fr	rm street fo				264 1.0	284 1 OCATION (Street and Alumbas or Gund David Mumbas						
0	3 Suicide 6 Could not b	offy)	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
Ш														
필	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
COMPL	one) 2 MEDICAL EXAMI	NER: On the basis of	examinatio	on and/or invest	gation, in m	y opinion, d	leath occ	ured at the	time, da	ita and placa, a	nd due to t	he cause(a) a	nd menner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIF	ER DC	-)		29c. Life	CENSE NUI	MBER				onth, Day, Year)	
0	D S FINIAL	1 1/1 /	Toront	ca 12.6	da da						 /	10/30/	40	

600 N. WOLFE ST.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29d. DATE SIGNED (Month, Day, Year)

> 10/30/90

MUTINORE, MD 21205

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ans after death. Page 6 may be retained by Investigate that this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once DIVISION OF VITAL RECORDS, P.O. BOX 13146,

en to use as the burial-transit permit. Pages 1, 2, 3 should

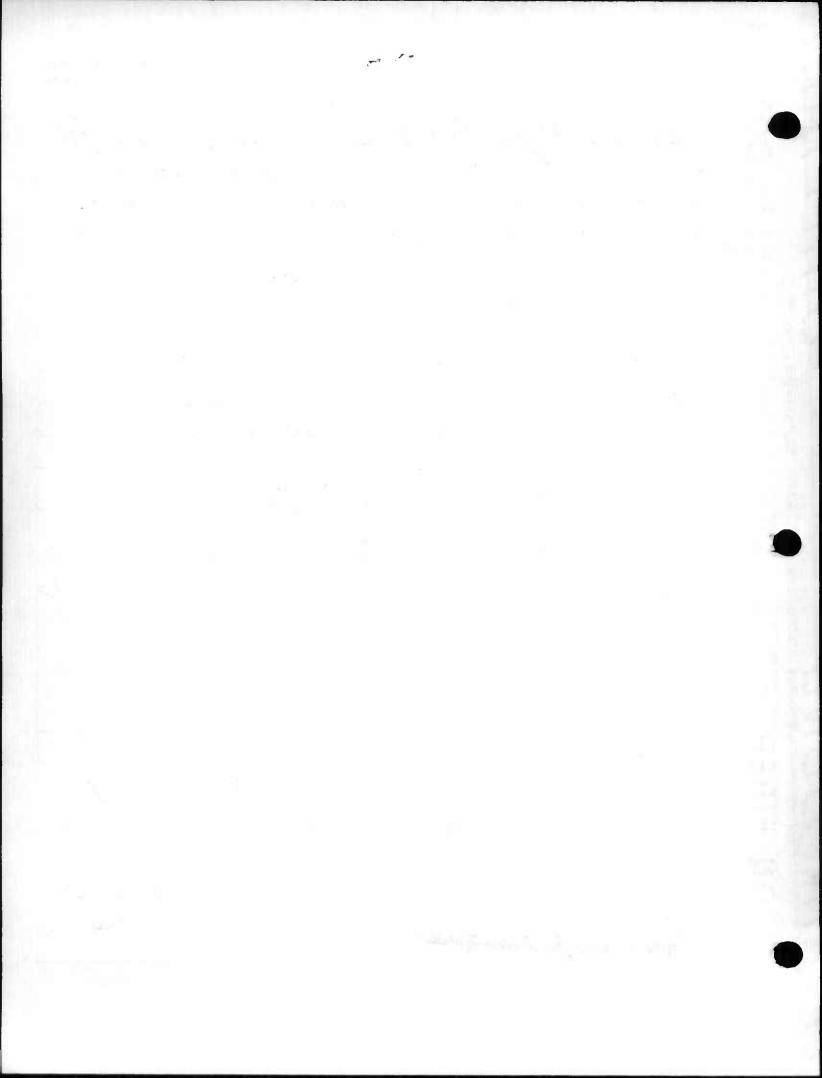
mortal or attending physician.

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Juna Davidson Horas

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND I	MENTAL HYGIE REG. N	NE	0 01200	
	1. DECEOENT'S NAME (Figst, Middle, Last) A SOCIAL SECURITY NUMBER 214-18-0832 9e. FACILITY NAME (If not institution, give str	5. SEX 8. AGE (In yrs. less	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 7, TOWN OR LOCATION OF OE	2. DATE OF DEATH MONTH. 7. DATE OF BIRTH (Month, Day, Wile)	1121	2. THE OF DEATH BETTIPLACE (State or Foreign Country) OF DEATH	
DIRECTOR	Pleasant Living	Nursing Cent	er Ed	gewater	, ,	Anne	Arundel	
	MD Anne	Arundel	Church	ton			LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1085 Rodgers Ro	ad 12. WAS DECEDENT EVER IN U.S. AR	MED 112	101. ZIP CODE 2073 WAS DECENDENT OF HISPAN		USA	OF WHAT COUNTRY?	
BY	1 Never Married 2 Married 3 📆 Widowed 4 Divorced	FORCES? 1 YES 2 XIN	10	tt yes, specify Cuben, Mexica: 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14.	Black, White, etc. Specify: White	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 4th	College (1-4 or 5+) (Gi	cepent's usual of the kind of work done Do NOT use retired.)	during most of working		ming		
BE	17. FATHER'S NAME (First, Middle, Lest) Charles H. Simm 19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRES		ME (First, Middle, Meid Ann Ats Boute Number, City or 1	ell	de)	
TO	Maude Simmons 20a. METHOD OF OISPOSITION XXX Burlat 2 Cremetton 3 Remo 4 Donatton 5 Other (Specify)	val from State 20b. PLACE other place	OF OISPOSITION (N	ame of cemetery, cremetory or	20c.	hurcht LOCATION - CITY alesvi		
	21. SIGNATURE OF FUNERAL SURVICE LICE	and h.	H &	name and Aboress of FA ardesty Fur 15 Galesvil	neral Ho	Gale	Quillo MD	
	23. PART I. Enter the diseases, or contained. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the de lat only one cause on each line	Clero	the mode of dying, aud) Jasan	las Du	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CONSECUTION OF THE TO (DR AS A CONSECUTION OF		Cardivi	ascula,	V Ds	pas years	
	PART II. Other algnificant conditions	a contributing to death but not i	resulting in the u	nderlying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICAL				-	1 YES	2 ND	COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 1 HO	HOSPITAL; 1 Inpetient 2 ER/Outpetient 3	OTHE	26. PLACE OF DEATH (Ch				
ВУ	27. MANNER OF DEATH 1 Netural Pending 2 Accident Simulation In Suicide Good not be building, sec. (Specify) 28b. TIME OF NJURY AT WORK? 1 YES 2 ND 28b. DESCRIBE HOW INJURY OCCURED. 1 YES 2 ND 28b. LOCATION (Street end Number of Rural Rouse Number, City or Town, State)							
COMPLETED	model and	CIAN: To the best of my knowledge, do			to the cause(s) end I	manner ee stated.		
BE	296. HONATURE AND TITLE OF CENTIFIES	11/2/	mu	29c. LICENSE NUI			IGNIFO (Month, Day, Year)	
5	36 MANE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH WITE	M 27) (Type Print)	. 11	1 11	- /	1///	



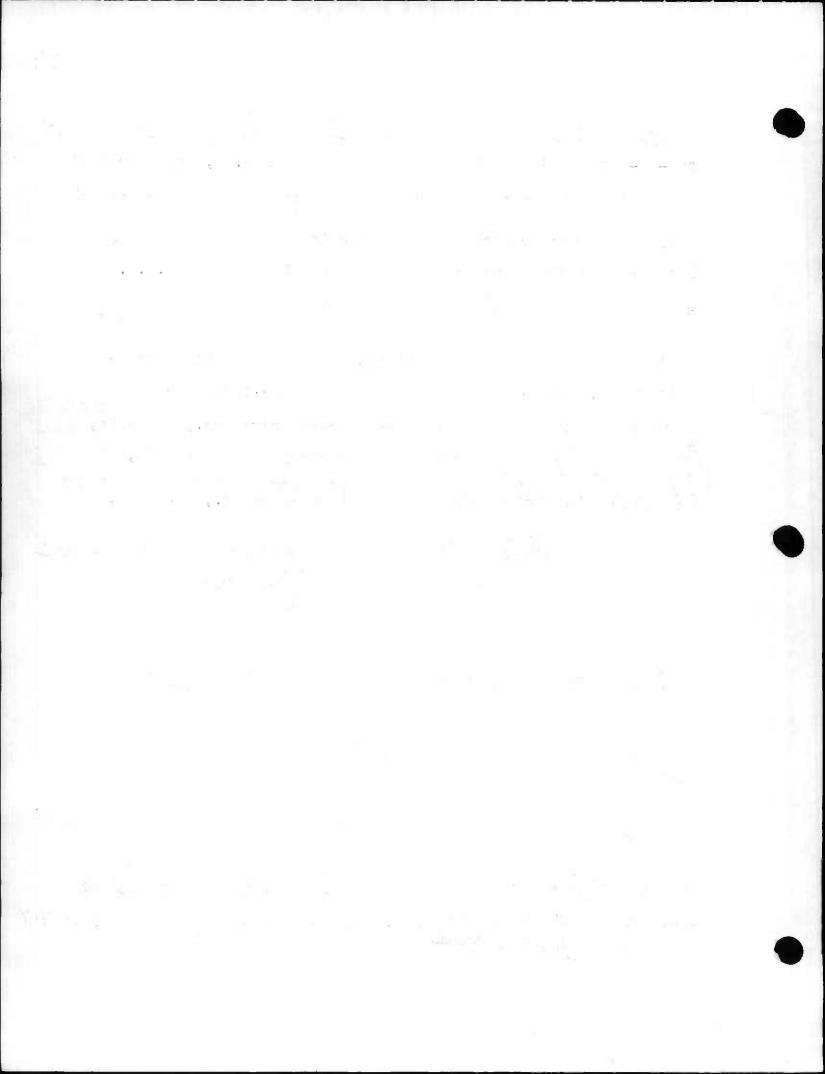
BALLIMORE, MARYLAND ZIZUS-3140	n a nurs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a construction and the hospital or attending physician.	TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely fifted in by the funeral or filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						J.	3					9	0 3193
	FOR STATE REGISTRAR	STATE OF N	IARYLAND / Ce		ICAT E				MENTAI	REG. NO			
į	1. DECEDENT'S MAME/(First, Minute)	5		3	Dil	3/16			2. DATE	OF DEATH	× 19	(an	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. SEX	5. AGE (In yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	(Mont)	OF BIRTH	1006	Count	IPLACE (State or Foreign ny) a ryl and
}	220-07-5851 9a. FACILITY NAME (If not institution, give str	-	94	1110.	9b. CITY	TOWN C	R LOCATIO	ON OF DE		دو شاشه.		INTY OF D	
0 8	Annapolis Conv	alescei	nt Cent	er		Anr	apo	lis			An	ne a	Arundel
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN C	R LOCAT	ION				-		10d, INSIDE CITY
		e Aruno	lel		Ann		lis				I statement		1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	7 a 3 A .				100	ZIP CODI	401				S .	WHAT COUNTRY?
SNE	126 South Home	12. WAS DECEDEN	T EVER IN U.S. AR				ENDENT O	F HISPAN		I? (Specify Yes			E — American Indian, k, White, etc.
BY FL	1 Never Married 2 Married 3 W Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	10			2 NO			Rican, etc.)		Spec	
	15. DECEDENT'S EDUC	W W J		CEDENTS	USUAL O	COLIDATIO	NA .		145	KIND OF BU	CINECO/IN		hite
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(GI	ive kind of	work done	during mo	at of worldr	ng	100	KIND OF BU	SINESS/IN	DUSTAT	
AP.	12	Compage (1-4 of 0 f		lach	inis	t				Civ:	il S	erv.	ice
S	17. FATHER'S NAME (First, Middle, Last)									Middle, Meiden			
BE	William T. Sc	ible								nda S			2]40]
2	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									ber, City or You			
	Dorothy Bosley 14 North Cherry Grove Ave., Annapolis, MD 20c_METHOD OF DISPOSITION (Name of commetcy, cremetcy or 20c_LOCATION — City or Town, State												
	1 Buriel 2 Cremation 3 Remaid Propagation 5 Other (Specify)	wal from State) Ceda	r B						Anı	napo	lis	, MD
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	1/m	/	Ta	aylo		une	ral	Chap		nol	21401 is,MD
	23. PART I. Enter the diseasea, prosphere in the control of the co	let only one cau	stole		not enter								Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but non-resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 1 MS								24	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL					25. P	LACE OF D	DEATH (C)	neck only o	ne)			
SIC	EXAMINER?	HOSPITAL:	ER/Oulpatient 3	DOA	4 TUNG		ne 5 🗆 R	ealdence	6 🗆 Othe	er (Specify)			
	27. MANNER OF BEATH 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M					W	JURY AT ORK? YES 2 [□ NO	28d. DE	DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		F INJURY — At he etc. (Specify)	ome, farm,	street, fac	tory, offic	10			CATION (Street or Town, State		er or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSH one) 2 MEDICAL EXAMINE												(s) and manner ee stated.
O BE C	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Moreth, Day, Year)										(Month, Day, Year)		

	MEDICAL EXAMINED ON the basis of axem	Instion and/or investigation, in	my opinion, death occured at the time, data and piece	, and due to the cause(s) and manner ee stated.
1	ND TITLE OF CENTIFIER	111)	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

-1011	Mylla 141	
30. NAME AND ADDRESS	PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1) po, Print)	.//

DHMH-16 Rev 1/89



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

A SOCIAL SECURITY NUMBER

Enmand

19-64-9666

31. DATE FILED (Month, Day, Year)

1990

5. SEX

1 M 2 - F

1 -

2, 3 should	OR	9a. FACILITY NAME (# not h	NDEL ME	and number)	NTER	9b. CITY, TOWN ANNAE	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH E ARUNDEL
==	DIRECTOR	RESIDENCE OF DE	10b. COUNTY	ADMART		Y, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 YES 2 NO
acian. al-transit permit, Pages		MARYI.AND 10e. STREET AND NUMBER 29 W. WA		ARUNDEL ON ST. AP		NAPOLI	01. ZIP CODE 21401			OF WHAT COUNTRY?
procian.	BY FUNERAL	11. MARITAL STATUS 1. Never Married 2 3 Widowed 4 Div	Married 12.	. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	If yes,			or No — 14.	RACE — American Indian, Black, White, etc. Specify:
C)	8	15, DE	CEDENT'S EDUCATION And Advantage of the Communication of the Communicati	ON ploted) ollage (1-4 or 5 +)	life. Do NOT u	work done during i se retired.)	nost of working	16b. KIND OF BUS	BINESS/INDUST	
by the hospit be detached at once.	E COMPLET	17. FATHER'S NAME (First, A		1	OPERA	TOR ON		ME (First, Middle, Maiden		Y ADMINSTRAT
ay be retained bage 5 should be notified	TO BI	DeGORA JO	HNSON		124	CONLEY	DRIVE		S, MAI	RYLAND 21401
e 6 m rector, mus		20a, METHOD OF DISPOSIT Buriel 2 Cremati Donation 5 Othe The Standard Park Company The Standard Pa	on 3 🗆 Ramoval r (Specify)	from State ME	other place) TRO CRE	MATORY	AND ADDRESS OF FA	BAL	CATION — City TIMORI	E , MARYLANI
after death. Pag by the funeral di moval. Ical examiner		170	very	y see	210			S MORTUR		. A.
filled in the filon, or re-		23. PART I. Enter the cashock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)	eert fellûre. Liet	AIDS.			node of dying, suc	h as cerdiec or respi	iratory smeat	Approximate Interval Between Onset and Death
and o bur	CERTIFICATION	Sequentielly liet condi if sny, leeding to immo cause. Enter UNDERLY CAUSE (Disease or inj that initieted events resulting in death) LA:	ring c		A CONSEQUENCE O					
ires that the d signed by the Health and Mer	MEDICAL CE	PART II. Other eignific	ant conditions of	ontributing to deeth to	out not resulting 100/00 cfe v	in the underly	ing cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The law requirectificate has been the State Dept. of 1, or Item 23 sho	HYSICIAN:	25. WAS CASE REFERRED EXAMINER?	H	OSPITAL:	nutlent 3 □ 90A	OTHER:	PLACE OF DEATH (Ch			
G PHYSICIAN ter this certifi ath with the narked, or	BY PHYS	27. MANNER OF DEATH	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	AE OF 28c.	NJURY AT WORK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCUR	ED
TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with the IMPORTANT: If item 28 is marked, (4 Homicide	Could not be determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ocify)	street, factory, of	fice	281. LOCATION (Street City or Town, State		Rural Route Number,
IOSPITAL OI UNERAL DI rithin 72 ho ANT: II Ite	COMPLETED	000) 2 ME	DICAL EXAMINER:	N: To the best of my know			, death occured at the	time, date and pleca, at	nd due to the c	ause(a) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE	I ph	but MD)	- Colodo	D/2	45Z	29d. DATE S	GREE (Month/Day, Year)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

ENRIQUO S. SSAMPSON

6. AGE (In yrs. last birthday)

YRS.

31935

8. BIRTHPLACE (State or Foreign

MARYLAND

VEAD

90

3. TIME OF DEATH

HIGHWAY ADMINSTRATION

9:55 A 444

REG. NO.

DAY

2. DATE OF DEATH

7. DATE OF BIRTH

OHMH-18 Rev 1/89

sit garmet. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

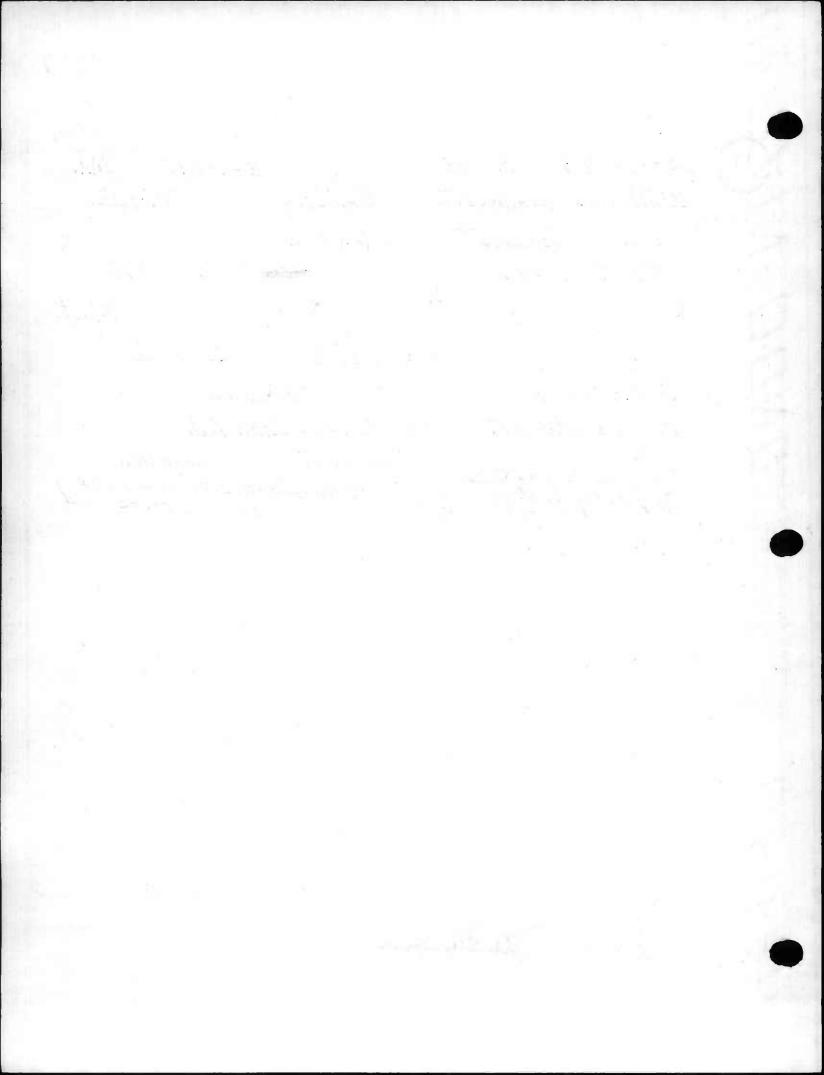
TO BE

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF I	IEALTH AND N DEATH	MENTAL HYGIENI REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JAMES R. SI	PRUNGLE ,	lr.			MONTH DA		
- 1			n yrs. lest birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH		IRTHPLACE (State or Foreign	
	295-01-5884	1 W 2 F	66 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	٥	Ohio
	9a. FACILITY NAME (If not institution, give stre			9b. CITY. TOWN	OR LOCATION OF DE	11/26/2	9c. COUNTY C	
<u>.</u>				4			1	1
2	Anne Arundel Me	dical cen	ter	ANNA	POLIS, 1	np	77-1	7 ·
инестон	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
<u> </u>	MD. A.A		AN	NAPO	415			1 THES 2 NO
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNEHAL	801 TYLER A	PUE			2140	3	U.S	A
ξ		12. WAS DECEDENT EVER IN		13. WAS DE		IC ORIGIN? (Specify Yea		RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married	FORCES? 1 TOTES IF YES, GIVE WAR OR DA			ecity Cuban, Mexicas 2 DKNO Specify			Black, White, etc. Specify:
à∣	3 Widowed 4 Divorced	1942 - 19			a Ligario oponiy			hite
3	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. OECEDENT'S L			16b. KIND OF BUS	INESS/INDUSTI	RY
<u>.</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	ork done during m retired.)	ist or working	Mary	Land A	uto
⊈	12		Fisca	al Cle	rk	Insu	rance	Fund
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
H L	James Robert S	prungle.	Sr.		Mary	Feiler		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural F	Route Number, City or Town	n, Stata, Zip Cod	n)
임	Brenda D. Spru	ingle	807	Tyler	Ave.,A	nnapolis	MD 21	.403
- 1	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove	200	PLACE OF DISPOSI				CATION — City	
	A Donation 5 Other (Specify)	rai from Stata		on Nat	ional C	emetery	Arli	ngton.VA
	21 BIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF FA	eral Chaj	7	21401
	Tomalal d.	T tin						
	23. PART I. Enter the diseases, or co	Jejou	laber desalts Desar			ster St.		-
	ahock, or heert fallure. L			of eilfer flie illi	oue or dying, such	n as cardiec or reapi	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	10. 1.	10.		· 0	0/	7	Onset and Death
	resulting in deeth)	Toute	My	sear	eleal	Juga	ule	<u>م</u>
		DUE TO TON AS A	CONSEQUENCE OF	K				
CERTIFICATION	Sequentially list conditions, b.	0115 70 (00 48)	CONSEQUENCE OF					
٦	if any, leading to immediate cause, Enter UNDERLYING	OUE TO (OH AS A	CONSEQUENCE OF	1.				j
2	CAUSE (Disease or injury	OUE TO (OR AS /	CONSEQUENCE OF	1:				-
ĒI	thet initiated events resulting in death) LAST			•				
9	d							
a I	PART II. Other algnificent conditions	contributing to death b	ut not reaulting in	n the underlyin	g cause given in	Part 1. 24a. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2						1 YES 2	11	COMPLETION OF CAUSE OF DEATH?
							•	1 YES 2 NO
2						_ `		
M	25. WAS CASE REFERRED TO MEDICAL			26, 6	LACE OF DEATH (Ch	eck only one)		
	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	ne 5 🗆 Residence	8 ☐ Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF GEATH	28e. DATE OF INJURY	28b. TIMI	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED .
	1 Detural 5 Pending	(Month, Day, Year)	ILMI		YES 2 NO			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— At home, farm, a	treet, factory, offi	co	281. LOCATION (Street	and Number or F	tural Floute Number,
	4 Homicide determined	building, atc. (Spec	спу)			City or Town, State)		
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the heat of my brown	dados dasth sac	od at the time of	and place and 4::	to the severith and	mar as mining	
MP	(Check only	CIAN: To the best of my know 3: On the basis of examination						use(a) and manner as stated.
0	- Committee	quest or exemitted		upinoti,	occared at the	e, cete one proce, an	_ aug to the CE	

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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEAL	TH AND N	REG.				
120	1. DECEDENT'S NAME (First, Middle, Last)	Stewa	w.t			2. DATE OF DEATH		3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 226-63-0196		'In yrs. last birthday) II	UNDER 1 YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	8.	BIRTHPLACE (State or Foreign Country)		
ВО	96. FACILITY NAME (If not institution, give s WATEVVIZW	HEATH CE	iter	SALIS D			9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY	Somerset	10c. CITY, T	OWN OR LOCATION	nd			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER	286		101. ZIP	CODE	2182:	10g. CITIZEI	N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 2 NO		Guben, Maxican	C ORIGIN? (Specify , Puerto Rican, atc.		. RACE — American Indian, Black, Whita, etc. Specify:		
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use n	done during most of vertired.)			BUSINESS/INDUS			
COMPL	17. FATHER'S NAME (First, Middle, Lest)	+	Hou	SKWI FE		AE (First, Middle, Ma				
TO BE	190. INFORMANT'S NAME (Type/Print)	1 K	196. MAILING AL	DRESS (Street and No.	UN Normber or Rural F	Oute Number, City or	Town, State, Zip Co	ode)		
	20a. METHOD OF DISPOSITION 1		PLACE OF DISPOSITION Of the Place	' / D/	cremetory or		LOCATION - CH Edien M	y or Town, State		
	21. SIGNATURE OF AGNETIAL REPRICE LIK	lare			MPDESS OF FAC	HLITY .	PINCES	Anni		
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications that cause List only one ceuse on e		antar the mode o	f dying, such	as cardiac or re	eapiratory arrea	t, Approximate Interval Between Onest and Death		
NC	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	Asto						
AL	PART II. Other algnificant condition	dna contributing to death b	out not resulting in	tha underlying car	use given in		3 AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDIC						1 🗆 YE	S 2 10	OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE	OF DEATH (Ch	ock only one)				
HYSI	1 VES 2 NO 27. MANNER OF DEATH	1 inpatient 2 ER/Out	patient 3 DOA 4	Mursing Home 5	-	6 Other (Specify) 28d. DESCRIBE H		RED		
ВУ Р	1 Netural 5 Pending Investigation	(Month, Day, Year)	28b. TIME (WORK?						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, atn colly)	et, factory, office		281. LOCATION (St City or Town, S	reet and Number or State)	Rural Route Number,		
COMPLETED	neal .	ER: On the basis of examination						cause(a) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	· 100		290	LICENSE NUN	IBER	29d. DATE S	BIONED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF O	FATH (ITEM 27) (Boss D	rint	D150	181	•	0-21-90		
	Waterview	HIH Con	Ctr.	Sulph	un 1	n> 21	82)			
	oct 25 '90	32. REGISTRAR'S SIGN	don-Randell							



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
I examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
vai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

			OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED VIRGIN	VIA SIM	PKINS	2. DATE OF DEATH MONTH PA	AY CEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. left bit	TINS	EAR IF UNDER 24 HRS	7. DATE OF BIRTH	2 70	THPLACE (State or Foreign	
	CA CA	"	AYS HOURS MIN.	(Mosth, Day, Year)	118/18 Bounty		
7	Sa. FACILITY NAME (If not institution, give street and number)	9b. CITY, T	OWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH	
NO.	Meridian Nursing Non	re Co	aflat	a)	Ch	arles	
рівестоя	MESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 1	Oc. CITY, TOWN OR	LOCATION			10d. INSIDE CITY	
DIE	MARYLAND CHARLES	LA P	LATA			1X YES 2 NO	
18 IA	10s. STREET AND NUMBER		10f. ZIP CODE			WHAT COUNTRY?	
FUNERAL	1 MAGNOLIA DRIVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMEI		2064		U.S.		
BY	1 Never Married 2 Married 1 Never Married 2 Married 1 Yes, Give War or Dates	lf y	S DECENDENT OF HISP es, specify Cuben, Max YES 2 XNO Spe	ANIC ORIGIN? (Specify Yea ican, Puerto Rican, atc.) offy:	Bla	CE - American Indian, ack, White, atc.	
ETED	(Specify only highest grade completed) (Give i	DENT'S USUAL OCC	JPATION ing most of working	16b, KIND OF BU	SINESS/INDUSTRY		
E	Elementary/Secondary (0-12) College (1-4 or 5+)	NOT use retired.)		orn.	****		
COMPL	7TH GRADE 17. FATHER'S NAME (First, Middle, Last))MEMAKE		NAME (First, Middle, Maiden	HOME Sumame)		
BE C	WILLIAM M. GILROY			Y VIRGINIA		ERSON	
0 8			itreet and Number or Rur	al Route Number, City or Tow	n, State, Zip Code)		
				RD. CLINT			
	20b. PLACE OF MS P		of cometery, crematory of CH.		CATION — City or	Town, State MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSHE		ME AND ADDRESS OF	FACILITY NERAL HOM	NJEMOI,	MARILAND	
	Michael O. Kannon	I.A	PIATA M	ARYLAND 2	L, INC.		
	23. PART I. Enter the diseases, or complications that caused the deeth shock, or heart feilure. List only one gause on each line.					Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	al F	34 pris	Most	تاكان	Interval Between Onset and Death	
NO	Sequentially list conditions, DUE TO (OR AS A CONSCOUR	1cm	Siser	re) ·			
CERTIFICATION	cause. Enter UNDERLYING						
E	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUE resulting in death) LAST	ENCE OF):		-			
EH	d						
CAL	PART II. Other algnificant conditions contributing to death but not rese	ulting in the unde	riying cause given	In Part I. 24e. WAS AN		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
				1 TYES 1	XXNO	COMPLETION OF CAUSE OF DEATH?	
MED		-				1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH	Check only one)			
SIC	EXAMINER? 1 YES NO 1 Input In	DOA X Nursin	g Home 5 🗌 Residence	a 6 C Other (Specify)			
PH	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 2	INJURY	Bc. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED		
ВУ	2 Accident Investigation 28s PLACE OF INJURY — At home		1 YES 2 NO	26f. LOCATION (Street	and Number or Run	al Boute Number	
밀	Suicide 6 Could not be building, etc. (Specify) Homicide determined	,		City or Town, State;			
PLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: In the best of my knowledge, death	occurred at the tim	, deta and place, and c	lus to the cause(s) and ma	nner as stated.	74-	
COMPL	one) MEDICAL EXAMINET: On the basis of examination and/or inve	eatigation, in my opin	nion, death occured at t	he time, data and place, ar	d due to the cause	e(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE N	UMBER CO.	29d. DATE SIGNE	ED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	V. LAT	LATN.	md.20	646		
	31. DATE FILE PROVING 8 164 90 32. REASTRAR'S SIGNATURE JUNE DAY SON - PO	indelle			` `		

3. TIME OF DEATH

YEAR

2. DATE OF DEATH MONTH DAY

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OMA R. SI	ELLERS								NOVEM	BER 7	. 19	90	1910p M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. is	st birthday)	-	R 1 YEAR	IF UNDER		7. DATE OF	BIRTH	1	8. BIRTHPLA	ACE (State or Foreign
215-46-2801		1 🗆 M 2 🕌 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec.		02	Country)	Virginia
9a. FACILITY NAME (If not in		reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF D		1		TY OF DEAT	
CALVERT 1	EDENT	IL HOSPI	TAL.		PRI	NCE	FRED	FRIC	K			CALVE	SRT
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10-	d. INSIDE CITY
MD	Calve	rt		IJ.	lun+i	ingto	nt/m					11	YES 2 NO
10e. STREET AND NUMBER	OULVC	LU		1 1	unti		f. ZIP COD	E		- 1	10a, CITI		T COUNTRY?
281	1 Rea	ch Dr.				-			620	- 3			
11. MARITAL STATUS	T Dec	12. WAS DECEDEN	T DED WHO A	DITED	1 40	W 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			639		US		
1 Never Married 2 🕅	Married	FDRCES? 1	YES 2 X			If yes, sp	ecity Cube	n, Mexico	NIC ORIGIN? (1 an, Puerto Rici		or No-	Black, W	American Indian, hite, etc.
3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			1 TYES	2 X NO	Spech	ly:			Specify:	White
15 DEC	EDENT'S EDUC	CATION	tea n	ECEDENT'S	HOUAL C	COURATI	001		405 1/1	ND OF BUS	DIEGO (IND	HATON	WILLE
(Specify only	y highest grade	completed)		Give kind of vie. Do NOT us	work done	during mo	ost of worki	ng	100. KI	NO OF BUS	INESS/IND	USTRT	
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)							17 /2			
		4	Н	ousew	ife					N/A			
17. FATHER'S NAME (First, M		0.					18. MOY	HER'S NA	AME (First, Mide	dle, Maiden S	Surname)		
		Simmers							DeVada				
19a. INFORMANT'S NAME (7				9b. MAJLING	ADDRES	S (Street a	and Numbe	or Rural	Route Number,	City or Town	, State, Zip	Code)	
Paul And	rew Se	llers Sr		<u> </u>	sam	ne as	3 # 1	0 al	oove				
200 METHOD OF DISPOSIT	ION		20b. PLACE	E OF DISPOS	SITION (N	lame of ce	metery, crer	natory or		20c. LOC	CATION	City or Town,	State
1 X Burial 2 Crematic		Ival Irom State	other j	Ft	. Li	nco1	n Cei	nete	rv	Bren	itwoo	d, M	D
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					ND ADDRE			1220.	201100	, d / 11	
NV.//	2/)	10										
John	Ma	wocs			R	lausc	h Fu	nera	al Home	e, 0	wings	s, MD	20736
IMMEDIATE CAUSE (Fir	eart failure.	complications the List only one can	et caused the duse on each lin	lesth. Do r ne.	not ente	r the mo	ode of dy	ing, suc	ch an cardle	c or reapli	ratory arr	rest,	Approximate Interval Between Onset and Death
disease or condition resulting in death)	→	acio	e p	nl.	ed	en	la.						
The state of the s		DUE TO	(OR AS A CONS	EOUENCE O	F):	1							
Sequentially list condit		draws	des	m	Mi	the	>						
if any, leading to imme	diate	DUE TO	(OR AS A CONS	EQUENCE O	F):								
cause. Enter UNDERLY CAUSE (Disease or inju		CVF	†·										
that initiated events		DUE TO	(OR AS A CONS	EOUENCE O	F):								
resulting in death) LAS	' L.	a. Wyor	Land	y	1	•							
DART II Other elevities	nt nandition	a aantelbusta a te	death but not		In Ab			-1	B-AL To				
PART II. Other mignifica	int condition	in contributing to	death but not	resulting	in the u	nderlyin	g cause	given ir	Part i. 2	4a. WAS AN. PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
									1	YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
												1	YES 2 NO
									_				
25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATH (C	heck only one)				
EXAMINER?		HOSPITAL:	EB/Outpatlant	2 🗆 004	OTHE				a 🗆 0# #				
27. MANNER OF DEATH		26a. DATE DI		28b. TIM		_	JURY AT	asidence	8 Other (5		LILIBY OC	CHEED	
_/	Pending		Day, Year)	IN.	JURY	W	ORK?	7	Zou. DEGUI	NOC NOW II	WONT OU	CONED	
2 Accident	Investigation						YES 2 [_ NO					
3 Sulcide 8 4 Homicide	Could not be detarmined	28e. PLACE I building	OF INJURY — Al I , etc. (Specify)	home, farm,	street, fa	ctory, offic	CO		City or	ION (Street a Town, State)	nd Number	or Rural Rout	Number,
29a. CERTIFIER 1 CER	TIFYING PHYSI	CIAN: To the best o	f my knowledge,	death occurr	ed at the	time, date	and place	, and du	a to the cause	(a) and man	ner se stat	ted.	
cont only													nd manner as stated.
				- miles	Contra 1		-			Contract Contract			SALD TO THE SALD
296. SIGNATURE AND TITLE	DF CENTIFIER)	1.	0 -			29C. LIC	ENSE NU	MBER		29d, DAT	8 9	onth, Day, Year)
	nan (و	tarea	can	1		1	1 /	100		-/1	017	
30. NAME AND ADDRESS D	F PERSON WH	O COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Type	, Print)								
KIOUMARCE	YAZDAN	I, M.D.	HUNTIN	GTOWN	I, M	D. 2	0639						
31. DATE FILED Manh. Day.	mg 100	32 REGISTR	AB'S SIGNATURE	2									

was a selection of the

TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21203-3146

	REGISTRAR				CERI	IFICAT	E OF	DEAL			RE	EG. NO.					
	1. DECEDENT'S NAME (First,	t, Middle, Last)									DATE OF D	EATH	ATH DAY YEAR 3. TIME OF DEATH				
1			FRANCES		Н.	SIM	ION			10		30	_	90	3:4	47	ам
\	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (I	n yrs. last birthd		ER 1 YEAR	IF UNDER		7. 0	ATE OF BI	RTH .		8. BIRTI	HPLACE (SI	tate or Fore	ign
)	. 579-56-821	0	1 ☐ M 2 🏹 F		95 YR	B. MONTH	DAYS	HOURS	MIN.		ULY		1895		NNSYL	VANI	Α
/	"9a. FACILITY NAME (If not in		street and number)			9b. CI	TY, TOWH (OR LOCATION	ON OF DE	_				NTY OF E			
DIRECTOR	ALTHEA WO	ODLAN	D NURSIN	G H	OME		SILVI	ER S	PRI	١G			MC	NTG	OMERY	7	
EC	TOa. STATE	10b. COUN	TY		10c.	CITY, TOWI	OR LOCA	TION							10d. INSI	DE CITY	
H	MARYLAND		MONT	GOME!	CRY SILVER SPRIN					NG 1						ITS? S 2 N	0
	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CITIZEN OF W					WHAT COU	INTRY?	
ER	402 LEX	INGTO	N DRIVE		20901					USA					Δ		
FUNERAL	11. MARITAL STATUS				T EVER IN U.S., ARMED 13. WAS DECENDENT OF HISPAI					NIC OI			or No-	14. RAC	E — Americ	ican Indian	,
	1 Never Married 2			1 ☐ YES 2 ☒ NO If yes, specify Cuban, Maxi WAR OR DATES 1 ☐ YES 2 ☒ NO Spe							ano Rican	, atc.)		Spec	ik, White, el olfy:	MG.	
ВУ	3 Widowed 4 Dive	orced													WH	IITE	
COMPLETED	15. DEC (Specify on	CEDENT'S ED ly highest grad	UCATION ie completed)		16a. DECEDEN (Give kind	of work don	ne during mo	ON ost of working	ng		16b. KINI	OF BUS	SINESS/INC	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)		T use retired								_			
MP	8				DIREC'	TOR O	F PEI						ARIFE	?			
00	17. FATHER'S NAME (First, M		CTMON C								First, Middle						
BE	GEORGE F.		SIMON, S	K.							Μ.		KYI				
0	194. INFORMANT'S NAME (/NITE C	IT.)		ING AOORI					1	,					
	FRANCES H.		(NIEC		_					ALA	BASH				DLINA		459
	29a. METHOD OF DISPOSIT	on 3 Re	moval from State	20b.	other place) CEDAR							20c, LOCATION — City or Town, State SUITLAND, MARYLAND					
	4 Donation 5 Other		remailing.	'	CEDAR HILL CEMETERY					A		SU	LTLAN	ND, I	MARYL	AND	
	21 SIGNATURE OF PURERA	AL SERVICE L	122	/								UNE	RAL H	HOME	, INC		
	500 UNIVERSITY BLVD., W., SIL.SP.,										P., M	ÍD.					
	23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,										Ap	proximat terval Bel					
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel										Land						
			1							6"					On	bne tear	Death
	IMMEDIATE CAUSE (FI		1			ua	. 6	Zan	11	e al	ten	_			On	bne tear	Death
	IMMEDIATE CAUSE (FI		1			UA:	, 6	Usp	M	e a	ten				On	bne tear	Death
NC	IMMEDIATE CAUSE (Fit disease or condition resulting in death)	→	1			Uas E OF):	, C	Esp	m	a	ten 20	Si	hui	U.F.	On	bne tear	Death
ATION	IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list conditions, it is any, leading to immediate the conditions of the conditions	tions,	1			LLA CE OF):	drag	Esp	m	- a	ten 20	Si	hul	U.F.	On	bne tear	Death
ICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inje	tions,	1			LA OF): LA OF): LE OF):	ehr	re	en un	a de	ten 20	Si	hul	U.F.	On	bne tear	Death
TIFICATION	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit If any, leading to imme cause. Enter UNDERLY	tilons, ediete //ING	1		CONSEQUENCE CONSEQUENCE	LLASE OF):	ehn	alez	an ul	a We	ten 20	Si	hul	U.F.	On	bne tear	Death
CERTIFICATION	IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust) that initiated events	tilons, ediete //ING	1			LE OF): LLAC E OF): LLC E OF):	dra	alez	en un	al We	tin 20	Si	hul	U.F.	On	bne tear	Death
AL CERTIFICATION	IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust) that initiated events	tilons, ediete //ING ury	a. BUG TO OUE TO OUE TO d.	O (OR AS A	CONSEQUENCE CONSEQUENCE					_		. WAS AN	AUTOPSY		Do. WERE AU	JTOPSY FIN	Death
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MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS PART II. Other algnifications of the condition of the cause of th	tions, ediete //NG ury	a. BUG TO OUE TO OUE TO d.	O (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D)	CONSEQUENCE CONSEQUENCE	ing in the	underlyin	ng ceuse	given in	Part	1 [only one)	. WAS AN PERFOF	AUTOPSY RMED?	24	b. WERE AU AMAILABL COMPLET	JTOPSY FIN LE PRIOR T TION OF CVIH?	Death Dings Muse
DICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS PART II. Other algnifications of the cause of the ca	tilons, ediete //ING ury ST	a. BUG TO DUE TO C. OUE TO d. HOSPITAL: 1 Inpatient 2	O (OR AS A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (OR A D) (CONSEQUENCE CONSEQUENCE Outlinet 3 December 3 December 2 December 2 December 2 December 2 December 2 December 2 December 3 Decembe	ong in the	26. P 26. P ER: Nursing Hot 28c. IN	PLACE OF E	given in	Part	1 [. 1 [. WAS AN PERFOF	AUTOPSY RMED?	24	b. WERE AU AMAILABL COMPLET	JTOPSY FIN LE PRIOR T TION OF CVIH?	Death Dings Muse
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list condition if any, leading to immediate. CAUSE (Disease or injust initiated events resulting in death) LAS PART II. Other algnifications of the cause in the cau	tions, ediete //NG ury	a. BUG TO DUE TO C. OUE TO d. One contributing to Inpatient 2 26e. DATE O (Month,	O (OR AS A O (OR AS A D (OR AS A D (OR AS A D (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE Later 1	OTHO	26. P	PLACE OF E	given in	Part	and the control of th	. WAS AN PERFOF	AUTOPSY IMED?	24 CCURED	b. WERE AU ANALAS COMPLET OF DEATH	UTOPSY FIN TLE PRIOR T THON OF CI	Death Dings Muse
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Lulia Davidson Randoll

31. DATE FILED (Month, Day, Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

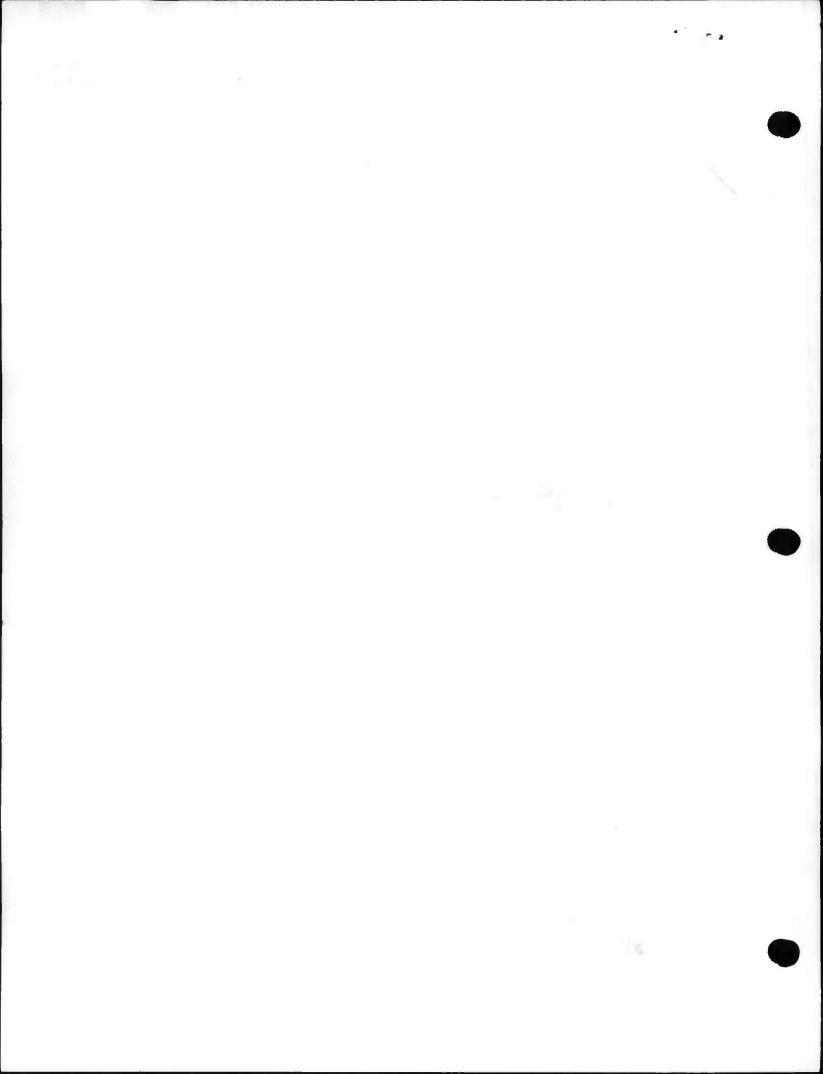
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DIVISION OF VITAL RECORI	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	HE FUNERAL DIRECTOR: After this certificate has been signed by ed within 72 hours after death with the State Dept. of Health an
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

li	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLA				EALTH AND I	MENTA	L HYGIEN			01271		
,	1. DECEDENT'S NAME (First, Middle, Last)			-				2. DATE	OF DEATH	DAY YEAR 3. TIME OF DEATH				
	JOHN		STACH	Ю				1000	EMBER		990	8:10	РМ	
177	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs, last birthd	MONTHE	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign)	חק	
	340-14-6478	1 M 2 □ F		66 YR	S.			OCT	. 27,	1924				
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN C	R LOCATION OF DE	EATH			NTY OF D			
Ď.	4607 ADRIAN	STREET				R	OCKVILLE			GOMERY				
E C	10a. STATE 10b. COUNTY	Y		10c.	10c. CITY, TOWN OR LOCATION					10d. IN				
DIRECTOR	MARYLAND	MONTGON	ŒRY		ROCKVILLE							LIMITS?		
A	10e. STREET AND NUMBER		10f. ZIP CODE						10g. CITI	ZEN OF V	VHAT COUNTRY?			
FUNERAL	4607 ADRIAN		208							USA				
5	11. MARITAL STATUS	U.S. ARMED 2 NO	13		ENDENT OF HISPA! edity Cuben, Mexica			or No-	14. RACI Black	— American Indian, k, White, atc.				
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	res I			2 NO Specify		,		Spec	"y: White	- 1			
	15. DECEDENT'S EDU	16a. DECEDEN				16	b. KIND OF BU	SINESS/IND	USTRY		\dashv			
	(Specify only highest grade Elementary/Secondary (0-12)	(Give kind life. Do NO	d of work done OT use retired.	during mo	st of working						- 1			
릴	12	PLUMBE	ER			P	LUMBER	RS LO	CAL	# 5				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	-		Sumame)				
BE (JOHN STAC	HO					MARY	LI	CHNER					
2	19e. INFORMANT'S NAME (Type/Print)			1/0			nd Number or Rural					20052	- 1	
	MARY FLIZABETH S	STACHO	WIFE'	<i>I</i> I			TREET, R	.UCK V					\dashv	
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem	ioval from State		other place)	and the second		netery, crematory or			ROCKVILLE, MARYLAND				
	4 Donation 5 Other (Specify)	CENSEE	- P.	ARKLAV				CILITY	RUC	KVIL.	LE,	MARILAND	-	
Ì	22. SIGNATURE OF FUNERAL RETWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.												- 1	
_	500 UNIVERSITY BLVD., W., SIL. SP., MD 209 23. PART Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate												-	
	iMMEDIATE CAUSE (Finsi disease or condition	List only one car	use on ee	ch iine.			CE P					Interval Bety Onset and D	ween leath	
	reaulting in death)	OUE TO	OR AS A	CONSEQUENC	CE OF):	17	1	1-1	0 000	CIN	<u> </u>	3 19001	100	
Z	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if any, leading to immediate	DUE TO	OR AS A	CONSEQUENC	CE OF):									
음	CAUSE (Disease or injury												-	
E	that initiated events resulting in death) LAST													
												1		
N.	PART II. Other significant condition	hs contributing to	death bu	It not result	ing in the	underlyin	g ceuse given in	Part i.	24a, WAS AF PERFO	RMED?	241	AMAILABLE PRIOR TO		
MEDIC							_	_	1 🗌 YES	2 NO		COMPLETION OF CAUSE OF DEATH?		
Z											1	1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					24 0	LACE OF DEATH (C)	hank anti-						
PHYSICIAN:	EXAMINER?	HOSPITAL:	□ 50/0 -4nd		ОТН	ER:	. /		,				\neg	
H	27. MANNER OF DEATH	1 Inpetient 2	F INJURY		. TIME OF	28c. IN	NO 5 Presidence	_	SCRIBE HOW	INJURY OC	CURED			
A	1 Netural 8 Pending	(Month,	Day, Year)		INJURY M		YES 2 NO							
) BY	2 Accident investigation 3 Suicide 5 Could not be		OF INJURY	At home, fo	erm, street, fo	ectory, offic			281. LOCATION (Street and Number or Rural Route Number,				\neg	
E	4 Homicide determined building, etc. (Specify)												}	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	BICIAN: To the best of	of my knowle	edge, death o	ccurred at the	time, dat	end place, and du	e to the c	euse(e) end mi	enner as sta	rted.			
NO	One) 2 MEDICAL EXAMIN	ER: On the basia of	examination	end/or invest	igation, in m	opinion,	leath occured at the	time, de	te end place, e	nd due to t	he ceuse(e) end manner as stat	ed.	
O H	296. SIGNATURE AND TITLE OF CERTAFIER 29d. DATE SIGNED (Mor										D (Month, Day, Year)	\neg		
0	18W-1	nous	MW))			205	98		> 1	1-3	-90	- 1	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OF NO 10620 GEORGIA AVENUE #114 STLVER SPRING, MARYLAND 2090													
	31. DATE FILED (Month, Day, Year)	32. REGISTR	1062	O GEOF	RGIA A	VENU	E #114	STLV	ER SPE	RING,	MAR	YLAND 209		
	OV 7'90	Julia	Davidso	n- Pand	alle									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
P.O. B(ith certificate	tending physical participation of the participation	or other
DRDS, I	that the dea	ned by the at th and Menta	any injury.
RECC	aw requires	s been sign ept. of Heal	3 shows
VITAL	AN: The I	tificate ha	r item 2
1 OF	B PHYSICI	er this cent	parked, 6
/ISION	ATTENDING	S after deal	28 is m
DIV	PITAL OR	RAL DIRE	" If Item
	THE HOSP	THE FUNE	PORTANT

FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND I		GIENE S. NO.						
1. DECEDENT'S NAME (First, Midd	P. Stillman	ARD P.			2. DATE OF DEA	TH 11/4/9	3. TIME OF DEATH 3:00A					
4. SOCIAL SECURITY NUMBER 194-09-216	5. SEX 6. AGE (II	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRT (Month, Day, Y SEPT.	ATE OF BIRTH Annth, Dey, Year) EPT.14,1918 Pa.						
9a. FACILITY NAME (If not instituti	E HALL VET. HO			OR LOCATION OF DE		9c. COUNTY OF DEATH ST. MARY'S						
Œ	COUNTY MONTGOMERY		TLVER	SPRING			10d. INSIDE CITY LIMITS? VES 2 NO					
	00 00	10f. ZIP CODE					N OF WHAT COUNTRY?					
TOO. STREET AND NUMBER 536 EDN 11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	OR RD. 12. WAS DECEDENT EVER IN FORCES? 1 IN YES IF YES, GIVE WAR OR DAY W.W.II	2 NO	If yes,	20905 ECENDENT OF HISPAN specify Cuben, Mexica is 2 NO Specify	n, Puerto Rican, e	Ify Yea or No- 14	S.A. RACE — American Indian, Black, White, etc. Specify: WHITE					
	IT'S EDUCATION est grade completed) College (1-4 or 5+)	ille. Do NOT use	ork done during r	TION nost of working		FFICE P						
m RICHARD	P. STILLMAN			JESS		MIKEL						
P 19a. INFORMANT'S NAME (Type/F) IRENE F.	STILLMAN	1000		s and Number or Rural		or Town, State, Zip Co	ode)					
20a, METHOD OF DISPOSITION 1 Burlal 2A Cremation 3 4 Donation 5 Other (Spe	Removel from State	PLACE OF DISPOS other place) CHAM	ITION (Name of o	emetery, cremetory or CREMATO	2	20c. LOCATION — City or Town, State						
21. SIGNATURE OF FUNERAL SE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SILVER SPRING, MD. M00091 W. W. CHAMBERS CO. INC. 20910											
	DUE TO (OR AS A DUE TO (OR AS A		r):	loae or dying, suc	n ea cermec or	v v	at, Approximata Interval Between Onset and Daeth					
PART II. Other algnificant of	donditions contributing to death be	ut not resulting i	n the underly	ing cause given in	P	MS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH												
		28b, TIME	E OF 28c. I	NJURY AT VORK? YES 2 NO		Other (Specify) Id. DESCRIBE HOW INJURY OCCURED						
m Account	28e. PLACE OF INJURY building, etc. (Specimined	— At home, farm, s			28f. LOCATION (City or Town	R. LOCATION (Street and Number or Rural Route Number, City or Rwm, State)						
		id dua to the cause(a) and manner as stated. at the time, data and pleca, and dua lo the cause(a) and manner as stated.										
29b. SIGNATURE AND TITLE OF	Chun	m	29c. LICENSE NUMBER D2965			ER 29d. DATE SIGNED (Month, Day,						
DR. CHARL	DR. CHARLES JUDGE M.D. BOX 262C, PRINCE FREDERICK, MD. 20678 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
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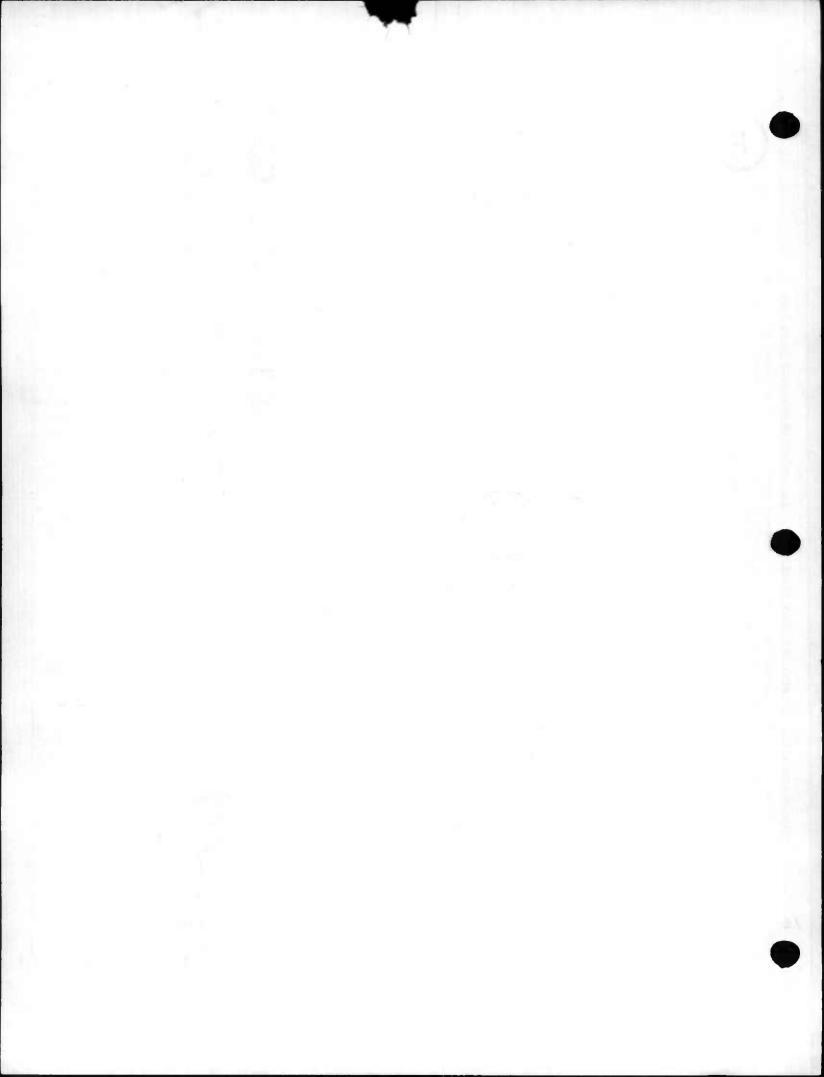
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hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours after death with the State Darf, of Health and Mental Hodiers orion to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnamental action to bound after death with the State Dest, of Health and Mental Hotelere prior to burial, cremation, or removal.	=
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp	22	3

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1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	REG. NO			3. TIME O	F DEATH	
Joseph Char	rlac S	ahin							11-	03 ²	AY19	90	0	7:32P	
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	n yrs. lest birti	hday) IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	B. BIRTHPLACE (State			e or Foreign	
577-14-9372	2	1 🔀 M 2 🗆 F		69×	TRS. MONTHS	DAYS	HOURS	MIN.	III/	16/192	20 1	Washington, Do			
9a. FACILITY NAME (If not in:		treet and number)			9b. CIT	Y, TOWN I	DR LOCATI	DN OF DE		-		COUNTY OF DEATH			
Montgomery	Gener	al Hospi	ta1		01r	ney			3		gomery				
10a. STATE	10b. COUNTY	Y		10	c. CITY, TOWN	DR LOCAT	TIDN						10d. INSIDE CITY LIMITS?		
Maryland	Montg	omery			Rockvi	ille							1 TYES		
100. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN O				TRY?	
13812 Sloan Street							2085	3			Uni	ited	Stat	es	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U 1 □ Never Married 2 ☒ Married 12. WAS DECEDENT EVER IN U FORCES? 1 ☒ YES					13.					N? (Specify Yes	s or No-	14. RACE Black	- America	an Indian,	
3 Widowed 4 Divorced IF YES, GIVE WAR DR DATE WWWII							2XXND			.,,,,,,,		Speci	fv.	ite	
AAAATT					ENT'S USUAL O	20010474	011		1.00	W010 00 01	1	10704	441	1100	
(Specify only highest grade completed)					ind of work done NOT use retired.	during me		ng	168	. KIND OF BU	SINESS/INDU	ISTHY			
Elementary/Secondary (0-12) College (1-4 or 5+)					rity O		or			C+++	Depai	p+m-	n+		
					TICY O	TITC	T	HED-6 NA	ME (El-	Middle, Maiden		T CILLE	SILL		
17. FATHER'S NAME (First, Middle, Lest) Joseph Sabin									300	llen M		1			
19a. INFORMANT'S NAME (7				404 94	AILING ADDRES	20 (0+									
Ann C. Sab				7.4									30	252	
200. METHOD OF DISPOSITI			20h		DISPOSITION (A				KOCK		, Maryland 20853				
1X Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem	oval from State		other place)							er Sp			rvlan	
21. BIGNATURE OF FUNERAL		CENSEE 1	_ [Gd	CE OI	Heave:	. NAME A	ND ADORE	SS OF FA	CILITY D	obert					
23. PART I, Enter the di					48 H	ome/ ockv	Rock ille	vill, Ma	e, I ryla	nc., 3 nd 20	00 W. 850-28	Mor 805	1tgom	ery A	
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Julia Savidson Rando pa



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	8	STATE OF N	MARYLAND A			F HEALTH AN OF DEATH	ID MEI	NTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First,	Middle, Last)	Herbert	Martir	SCH,	LOTTER	BECK //		DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
Her	berT	٧/).	JCh	167	ter	beck	N	ov. 6	19	90	0248 A M
4. SOCIAL SECURITY NUMBER	anne le	SEX M 2 F	8. AGE (In yrs. la	st birthday)	MONTHS DA		IN.	Month, Day, Year)	100	Country	·
705-10-6337		Λ	85		9b. CITY, TO	WN OR LOCATION O		ept. 25,	190	D Ha	ig. Maryland
Washington	County	Hospita	1		Hage:	rstown,	Marv	land	Wa	shing	ton
RESIDENCE OF DEC	10b, COUNTY			10c. C(1	Y, TOWN OR LO					1	10d. INSIDE CITY
Marvland	Wa	shingto	n		Hagers						LIMITS?
10e. STREET AND NUMBER	Wa	SHIREC	711	1	nager	101. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
6 Marbern						217	40			U.S.	Α.
11. MARITAL STATUS 1 Never Married 2		FORCES? 1	T EVER IN U.S. A	RMED NO	If yes	s, specify Cuban, M	axican, Pr	ORIGIN? (Specify Yea uerto Rican, etc.)	or No-	Black	- American Indian, White, atc.
3 Widowed 4 Divo	rced	of Yes, Give v	war on dates al Guard	l	10	YES 2X NO S	specify:			Specif	White
	EDENT'S EDUCATION y highest grade com	ON	18a. D	ECEDENT'S	USUAL OCCUI	PATION g most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (T	ollega (1-4 or 5	+)	e. Do NOT u	ise retired.)						
8 17. FATHER'S NAME (First, M	ficiella (aut)		Y	ard	Master	49 MOTHER	Q NAME /	Rai (First, Middle, Malden	lroa	d	
Charles Fre		Schlott	arhack				,	na Rumpl			
19a. INFORMANT'S NAME (SCHIOCE		9b. MAILING	ADDRESS (St			e Number, City or Tow		p Code)	
Sarah Esth	ner Schl	otterbe	ck	6	Marber	Road.	Hage	rstown.	Md.	21740)
20a. METHOD OF DISPOSIT	on 3 🗆 Ramoval	from State	20b. PLACE other p		SITION (Name of	of cemetery, cremator	y or	20c. LO	CATION -	City or To	wn, Stata
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		SEE %	- Ced	ar L	awn	IE AND ADORESS O	OF FACILIT	Hag	erst	own.	Maryland
.50	1516	201 00	mich	1	/ 1 /	- m 1121		"Minnich	Fun	eral	Home
23. PART I. Enter the d	0000	nilostions the	o annual the c	leeth De							Md. 21740
ahock, or h	eert feliure. Liat				not enter the	mode or dying,	aucii a	a cardiac or respi	ratory at	reet,	interval Between Onset and Death
immediate cause (Figure disease or condition resulting in death)	nel _	CAR	DIARE	SPIL	DTAS	ZU AR	PF	V			Onder and beam
resulting in death)		DUE TO	(OR AS A CONSI	EQUENCE C	OF):	10		4			
Sequentielly list condit	tions, b	(010	ONHILL	17/0	18/14	VIJED.	SE				-
If any, leading to imme cause. Enter UNDERLY	ING	EM	PHUSE	MA	DW	D (HH	2aN	ic BRO.	NCH	itic	
CAUSE (Disease or injution that initiated events		DUE TO	(OR AS A CONS	EQUENCE C	DF):	10 100	~~^		- 10		
resulting in death) LAS	d	(8)	EB114	V	31 CM	OK UIS	EDS.	6			
PART II. Other aignifica	ent conditions c	ontributing to	death but not	resulting	in the under	tying cause give	n in Par	rt i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
								_ 1 _ YES 2			COMPLETION OF CAUSE OF DEATH?
								-			1 YES 2 NO
l											
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	Н	OSPITAL:	☐ ER/Outpatient		OTHER:	6. PLACE OF DEAT				_	
27. MANNER OF DEATH		28a. OATE OI	FINJURY	28b. Ti	ME OF 28	Home 5 Reside	-	d. OESCRIBE HOW	NJURY O	CUREO	
1 Neturel 5 2 Accident	Pending Investigation	(Month, I	Day, Year)	16	M 1	WORK?	0				
3 Suicide 8	Could not be		OF INJURY — At I	nome, farm,	street, factory,	offica	28	H. LOCATION (Street City or Town, State)		or or Rural F	Route Number,
4 Homicide	determined										
CONSON SHIP								the cause(a) end ma e, data and place, ar			a) and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	MH	2 n	10		29c LICENS	E NUMBE	3	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS O	JUOSTE	OMPLETED CAL	799 1	FO W	rell 1	29	19A	IST N	11)		
31. DATE FILED (Month, Day)	7 '90	32. REGISTS	AR'S SIGNATURE	如源	ndelle						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—curs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 22 minutes be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

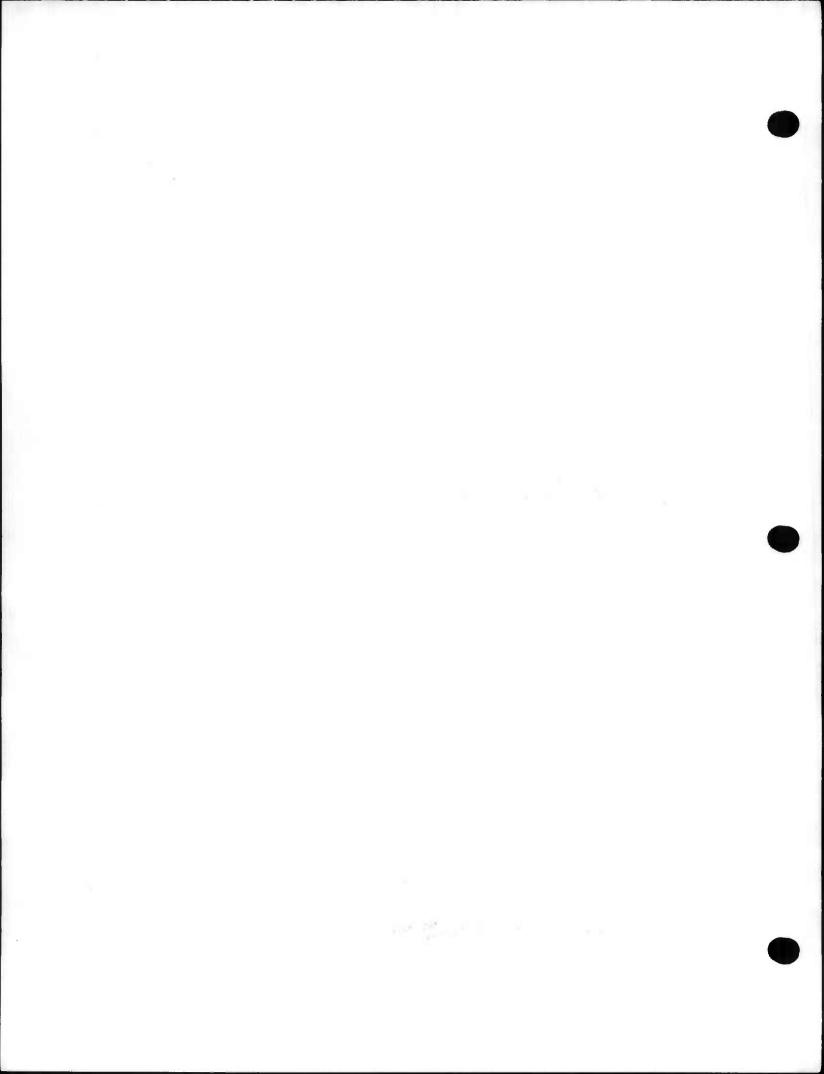
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3, 10 filled within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

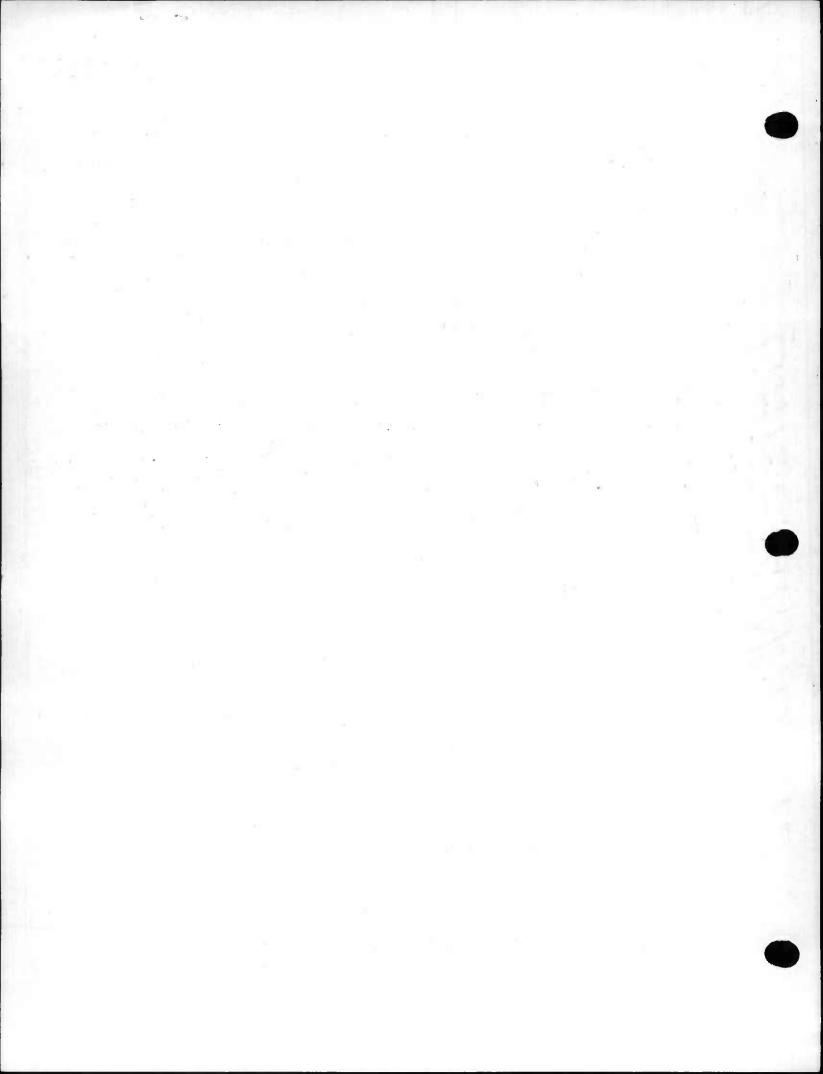
	FOR STATE REGISTRAR	STATE OF MA			MENT OF H		MENTAI	L HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Lest)							OF DEATH			3. TIME OF DEATH	
		Mabel Cath			Y		MONTI		9	EAR O	5:50 AM	
	4. SOCIAL SECURITY NUMBER		i. AGE (In yrs. Is		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH h, Day, Year)	8. BIFTHPLACE (State or Foreign Country)			
	216-22-8209 9e. FACILITY NAME (If not institution, give	1 M 2 F	88	YRS.		CITY, TOWN OR LOCATION OF DEATH					sylvania	
FUNERAL DIRECTOR	Washington Coun		1		Hage			gton				
<u> </u>	10e. STATE 10b. COUNT			10c. CITY,	TOWN OR LOCAT			10d. INSIDE CITY LIMITS?				
PIE	Maryland Washington Hagerstown										1 K YES 2 NO	
M	10e. STREET AND NUMBER				10f	ZIP CODE		- 1	10g. CITIZE		HAT COUNTRY?	
ÿ	_2 Broadway					21740				US		
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1				ENDENT OF HISPAN city Cuben, Mexica			or No- 14	I. RACE Black,	— American Indian, White, atc.	
BY	3 X Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 TYES	2 NO Specify	<i>r</i> :			Specifi	ite	
	15. DECEDENT'S ED	UCATION	16a. D	ECEDENT'S U	ISUAL OCCUPATION	N	16b	. KIND OF BUS	INESS/INDUS		100	
	(Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5+)	- 6	'Give kind of wi le. Do NOT use	ork done during mo retired.)	st of working						
7	12	conego (1-4 or 6 4)		hous	ewife							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Melden S	Surneme)			
	Albert Franklin	Ponesmith	ı			Rhet	ta C	oble				
) BE	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADORESS (Street a	nd Number or Rural F	Route Num	ber, City or Town	, State, Zip Co	ode)		
5	David C. Shirey	7		Rout	e 3, Bo	x 76, Cen	ntre	ville,	Md. 2	2161	.7	
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Re	manual Array State	20b. PLAC	E OF DISPOSI	TION (Name of cer	netery, crematory or		20c. LOC	CATION — CH	ly or Ton	wn, State	
	4 Donation 5 Other (Specify)	moval from State			Cemete	ry		Hage	erstov	m,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEÈ ,	-		22. NAME AN	D ADDRESS OF FA	CILITY A.T. H	OME				
	S Cotto	/mm	ch						persto	wn.	Md. 21740	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate integral follows: List only one cause on each line.											
	ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a											
	disease or condition	an	tone	inso	0,01	is bloc	in/	Nes	POA	P	5 year	
	resulting in death)	DUE TO (OR AS A CONS			_ //		100	C 0/0		1	
z	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
S	cause, Enter UNDERLYING CAUSE (Disease or Injury											
T	CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
Ä	Total ling in order) 2101	d										
	PART II. Other algolificant condition	one contributing to d	leath but not	t resulting i	n the underlyin	g cause given in	Part I.	24e. WAS AN		24b.	WERE AUTOPSY FINDINGS	
S								PERFOR		+	AMILABLE PRIOR TO COMPLETION OF CAUSE	
											DF DEATH?	
-												
IA	25. WAS CASE REFERRED TO MEDICAL					ACE OF OEATH (Ch	eck only o	ne)				
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Reeldence	8 🗆 Oth	er (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF I (Month, Da		28b. TIMI		URY AT	28d. DE	SCRIBE HOW I	NJURY OCCU	REO		
BY I	1 Netural 5 Pending 2 Accident Investigation					YES 2 NO						
	3 Suicide 6 Could not b	buliding, e	INJURY - At Itc. (Specify)	home, ferm, s	reet, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
TE	4 Homicide determined											
PLE	29e. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best of r	my knowledge,	death occurre	d at the time, date	end place, and due	to the ca	use(e) end mar	ner as stated	d.		
COMPLETED	(Check only one) 2 MECICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. (Deck only one) 2 MECICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.											
E C	296. SIGNATURE AND TITLE OF CERTIFIER () () 29c. LICENSE NUMBER 29d. DATE SIGNED (Morath, Day, Year)											
m	Robert 1/h (amphell MN) DO 1606 11/5/90											
5	30. NAME AND ADDRESS OF PERSON V	MIO COMO ETED CAME	E OF DEATH /	TEM 270 /Temp	D-1-4)					1	7	
	Rober	WHO COMPLETED CAUS	E OF DEATH (I	ZIVL	he//		41	AC.	FR	5%	an My	



burial-transit permit. Page

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	JU	311
	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF E

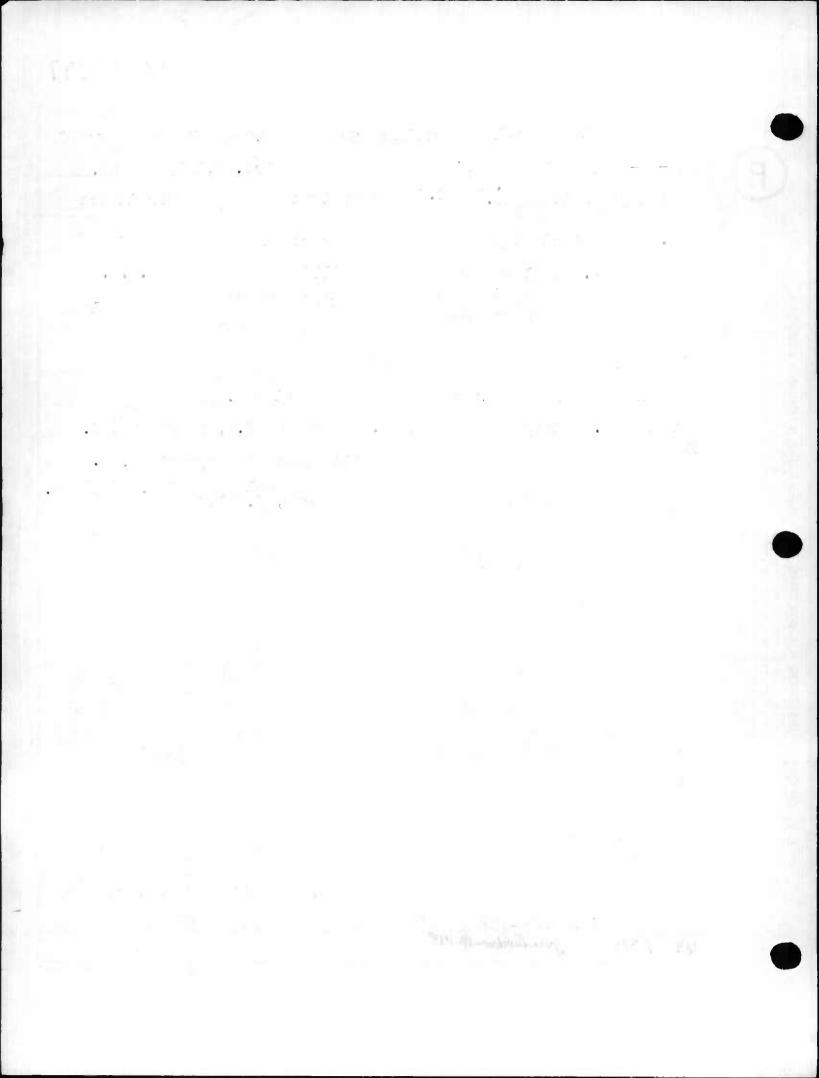
1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT O		IENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Willi		SULSER		2. DATE OF DEATH MONTH DAY November 10,	1990	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 234-38-9030	1 🔀 M 2 🗆 F	(In yrs. lest birthdey) IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 9, 1922	Count	Virginia				
8 Homewood Av	8 Homewood Avenue Hagerstown RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Hagerstown									
10e. STATE 10b. CC	state 106. COUNTY 106. CITY, TOWN OR LOCATION 8 Homewood Avenue									
100. STREET AND NUMBER 8 Homewood Av	enue	10g.	10g. CITIZEN OF WHAT COUNTRY? U.S.A.							
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO If ye	DECENDENT OF HISPANI a, specify Cuban, Mexican YES 2 X NO Specify:		14. RACI Blec Spec	E — American Indian, k, White, etc. white				
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)										
	truck driver 17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Leet) Charles A. Sulser Della S									
190. INFORMANT'S NAME (Type/Print) Mr. Gary L. Su	lser, Sr.		reet and Number or Rural A	oute Number, City or Yown, State gerstown, Mar	e, Zip Code)	21740				
20e, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	c PLACE OF DISPOSITION (Nome of other place) Cedar Lawn Memo	orial Park			Maryland				
21. SIGNATURE OF PUNERAL SERVI	2. Dum	• //	East Wilso	minnich n Blvd., Hag						
shock, or heert fell iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS)	A CONSEQUENCE OF): A CONSEQUENCE OF):	y wi	th metalore		Interval Between Onset and Death				
PART II. Other algorificant cond	ditiona contributing to deeth t	out not resulting in the under	lying cause given in i	Part I. 24e. WAS AN AUTO PERFORMED? 1 YES 2 No		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	OTHER:	8. PLACE OF DEATH (Che							
1 VES 2 NO 27. MANNER OF DEATH 1 Millural 5 Pending		28b. TIME OF 189	Home 5 Residence HOJURY AT WORK? YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY	OCCURED					
3 Suicide 8 Could re	Accident Investigation Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office bullding, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
onei	PHYSICIAN: To the best of my know AMINER: On the basic of examination					(s) end manner ee stated.				
29b. SIGNATURE AND TITLE OF CER	mys front of	8	29c. LICENSE NUM 10 75	BER 29d.	DATE SIGNE	0 (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSO	NODOLY	1190	4. Em	etrato	·Ho	QMD				
NOV 13 '90	Julia Davido	varing andales.								



FOR STATE REGISTRAR

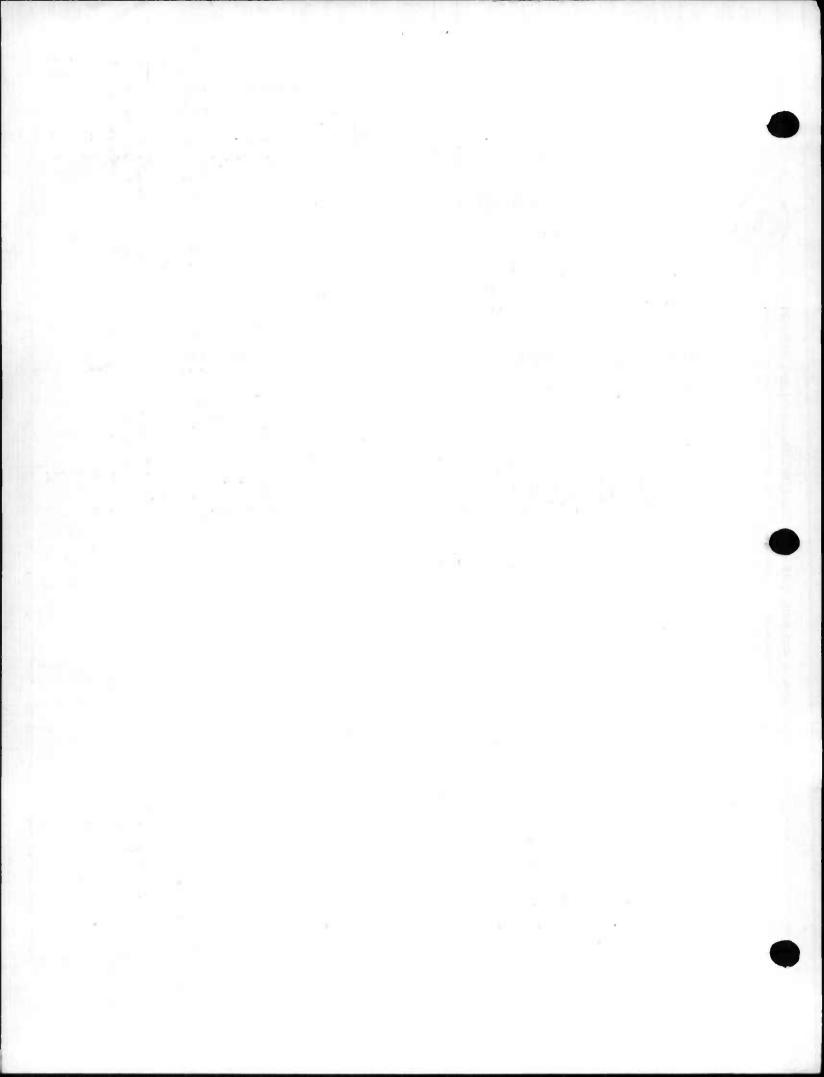
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle Less	DeSal	es Sa	und	ers	5	RI		2. DATE OF DI	EATH DAY	90	
4	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (in yrs. les		IF UNDER	IF UNDER 1 YEAR IF UNDER 24 H			7. DATE OF BI	RTH	8. BI	RTHPLACE (State or Foreign
	220-05-68	337	1 M 2 🗆 F	YRS. MONTHS DAYS HOURS				Nov. 22, 1					
JOR.	9a. FACILITY NAME (If not in Beachley	96. CITY, TOWN OR LOCATION OF DEATH Hagerstown							9c. COUNTY OF DEATH Washington				
Ω.	RESIDENCE OF DEC	10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY			
DIB.	Md.	Was	shington		Hagerstown					Nn			LIMITS? 1 X YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER	reet			10	217	_		10		S.A.		
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	FVER IN U.S. AR YES 2 N IR OR DATES CONTI	10		If yes, sp	CENDENT	OF HISPAN	IIC ORIGIN? (Sp. n, Puerto Rican,		No- 14. R	ACE — American Indian, lack, White, atc.		
		EDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATI	ON		18b. KIND	OF BUSINE	SS/INDUSTR	Υ
COMPLETED	Elementary/Secondary (CEL em entar)-12)	College (1-4 or 5+)	- Ma	Do NOT us	ork done oretired.)		st or work	ng				
S	17. FATHER'S NAME (First, M				-			18. MOT	HER'S NA	ME (First, Middle,	, Malden Surr	name)	
	Garfie	ald M	IN Sa	unders						Lsy O.		7.7	
) BE	19a. INFORMANT'S NAME (20						r or Rural I	Route Number, Ci	ty or Town, S	tate, Zip Code	21740
임	Evelyn	S. Chi	risty		11								own, Md.
	20a METHOD OF DISPOSIT 1 Buriel 2 □ Cremelic 4 □ Donation 8 □ Other	n 3 🗆 Rem	oval from Stale	20b. PLACE other pla	ice)	BITION (N	ame of ce	metery, crei	matory or		20c. LOCAT	ION — City o	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	رم:		22.	NAME A	ND ADDRE	SS OF FA	CILITY			Bethel St.
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	c	OR AS A CONSEC	DUENCE O	F):				nt d			
	PART II. Other algolifica	-	d	death but not r	esulting	in the u	nderiyin	g cause	given in	Part i. 24a.	WAS AN AUT		24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
: MEDICAL										_ 10	YES 276	МО	COMPLETION OF CAUSE OF DEATH? 1 WES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					28. P	LACE OF I	DEATH (Ch	eck only one)	-		
	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		ne 8 🗆 R	aaldence	8 Other (Spe	c/N	FACT	ory
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending investigation	28a. DATE OF (Month, Da		28b. TIM		28c. IN.	JURY AT ORK? YES 2		28d. DESCRIB		RY OCCURE	
	2 Divisido —	Could not be determined		FINJURY — At ho atc. (Specify)	me, farm,	street, fac	tory, offic	ea .		28f. LOCATION City or Tox		Number or Ru	rel Route Number,
COMPLETED	toridon orny		ICIAN: To the best of ax										ee(a) and manner as stated.
TO BE	29b, SIONATURE AND TITLE	-6	f y we	la kal				29c. LIC	DIII	166	25	NO	NED (Month, Day, Year)
-	30. NAME AND ADDRESS O	H.M.	Week	5	58	O /	10	th	ern	- Ac	e. H	kg.	MPZIXED
	NOV 7 96	Year)	Julia David	R'S SIGNATURE									

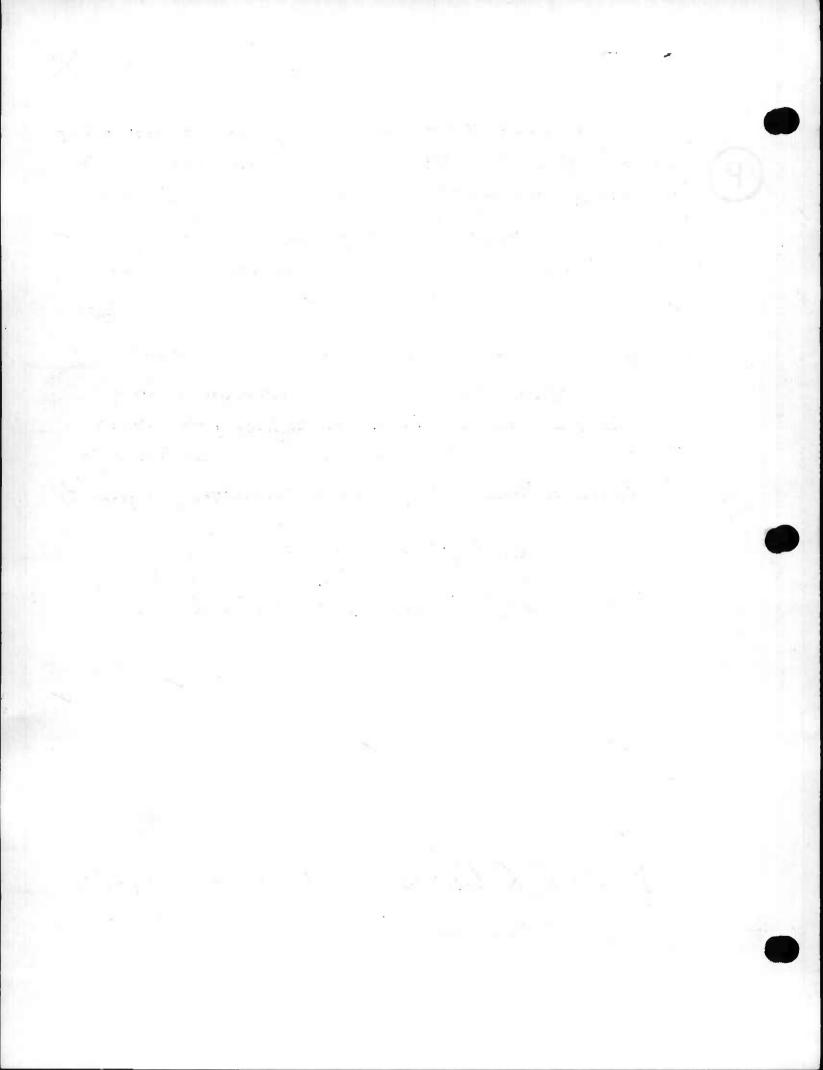


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	Ü	Jon Jon	aumatic event, the medical examiner must be
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	E	王	2
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must b
	-		

REGISTRAR			CI	ERTIFIC	ATE O	F DEATH	RE	EG. NO.			
1. OECEDENT'S NAME (FIG.	st, Middle, Last)	CHARLES W	ILLIAM	TOLLE!		SR.	2. DATE OF D MONTH NOV.	DEATH DAY	YEAR 9 0	3. TIME OF DEATH 11:05 A M	
4. SOCIAL SECURITY NUM 578-40-3270		6. SEX	6. AGE (In yrs. les		UNDER 1 YEAR		JAN 20	, 1926		PLACE (State or Foreign	
9a. FACILITY NAME (II not PHYSICIAN RESIDENCE OF DE		,	SPITA			TA. MAR			IARL		
10a. STATE MARYLAND	10b. COUNT	Y	10c. CITY, T	OWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 N NO			
10e. STREET AND NUMBER	R		115	iioui	LSVII	101. ZIP CODE		13.5	IZEN OF W	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2	Newer Married 2 Merried FORCES? 1 YES 2 No IF YES, GIVE WAR OR DATES WW2										
	CEDENT'S EDU	CATION	18e. De	ECEDENT'S USI Sive kind of work a. Do NOT use re	UAL OCCUP/ done during tired.)	TION most of working	16b. KINI	D OF BUSINESS/IN	DUSTRY	74	
12TH GRADE	2	YEAR		INTING	OFFI			GOVERNME	NT		
17. FATHER'S NAME (First, FRANCIS H.		SEN					H. HON	i, Malden Surname)			
19a. INFORMANT'S NAME		OLIV				et and Number or Rural	l Route Number, C	ity or Town, State, Zi			
STEPHEN TOI		(-			ITLE COUR					
20a METHOD OF DISPOS 1 Surial 2 Cremet 4 Donation 6 Oth	tion 3 🗆 Ren er (Specify)			OF DISPOSITI	N CEM				N, M	ARYLAND	
21, SIGNATURE OF FUNER	LAL SERVICE U	3) 16	ND	•		HUNTT FU				DORF 20604	
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	litions, lediate Ying	D	OR AS A CONSE	COUENCE OF):	te ny 1	autin	y di	n		Jano	
PART II. Other signific	cant condition	na contributing to	feath but not	resulting in	the underly	ring cause given i		. WAS AN AUTOPSY PERFORMED?	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HORRITAL		Ta		PLACE OF DEATH (C	Check only one)				
1 YES 2 NO 27. MANNER OF DEATH	Pending	HOSPITAL: V 1 Inpatient 2 28a. DATE OF (Month, Da	NJURY	3 DOA 4	OF 28c.	injury at work?	_	BE HOW INJURY OF	CCURED		
2 Accident	investigation Could not be determined	28e. PLACE Of building, o	INJURY — At h	ome, form, stre		YES 2 NO		N (Street and Number wn, State)	er or Rural i	Route Number,	
TOTAL UTAY	LE OF CERTIFE	21	amination and/or	Investigation,	in my opinio		ne time, data and	place, and due to	the cause(a) and mennor se stated.	
DANIEL M. 31. DATE FILED (Month, De NOV 0 7	HOWE	LL MD		OOKE		RE, SUIT	TE 104	. WALDO	RF.	MD.	



	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.							
-	1. DECEDENT'S NAME (First, Middle, Last)	ELSIE H. THOM.	25	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH						
10		6. AGE (In yrs. last birthday) M 2 F YRS.	7. DATE OF BIRTH (Month, Day, Year) Sept 5 1906	8. BIRTHPLACE (State or Foreign Country)							
crop	Cupett + Wed		county of DEATH								
DIRE	10a. STATE 10b. COUNTY S	omerset 10c. GAT	Staystown		10d. INSIDE CITY LIMITS? 1 YES 2 RO						
FUNERAL	100. STREET AND NUMBER RD 3			563	CITIZEN OF WHAT COUNTRY?						
¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, atc. Specify:						
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted) (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during most of working or retired.)	16b. KIND OF BUSINESS	OM 3						
E COMPL	17. FATHER'S NAME (First, Middle, Last)	bert Fritz		AME (First, Middle, Melden Surner EDECCA F1	hnecy						
TO BE	19a. INFORMANT'S NAME (Type/Print) David		ADDRESS (Street and Number or Rural Box 71 Sq.)								
must be	20a. METHOD OF DISPOSITION 1 Surial 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	Shan									
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 15503 Deaner Funeral Home, Stoystown PA										
ry, or other traumatic event, the medical	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Cardiopulm oney arrest Due to (or as a consequence of): b. Multiple Cerebrovascular accidents Due to (or as a consequence of): c. There is any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Approximate interval Between Onset and Death Due to (or as a consequence of): Cardiopulm oney arrest Cardiopulm oney arrest Cardiopulm oney arrest Cardiopulm oney arrest Due to (or as a consequence of):										
MEDICAL	PART II. Other algnificent conditions	contributing to death but not resulting	1 Part I. 24s. WAS AN AUTO PERFORMED? 1 ☐ YES 2 M	AVAILABLE PRIOR TO							
SICIAN:		HOSPITAL:	26. PLACE OF DEATH (CONTROL OF								
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY 28b. TIN		28d. DE\$CRIBE HOW INJURY OCCURED							
28 is TED	2 Accident Investigation 3 Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
ANT: If Item	nnel -	AN: To the best of my knowledge, death occurr On the basis of examination and/or investigation									
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER	Richter MA	29c. LICENSE NO		DATE SIGNED (Month, Day, Year)						
ř	Donnes Richte		(873 CAKE		21170						
	NOV 07 1990	A COMMISSION SHIPMEN									



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

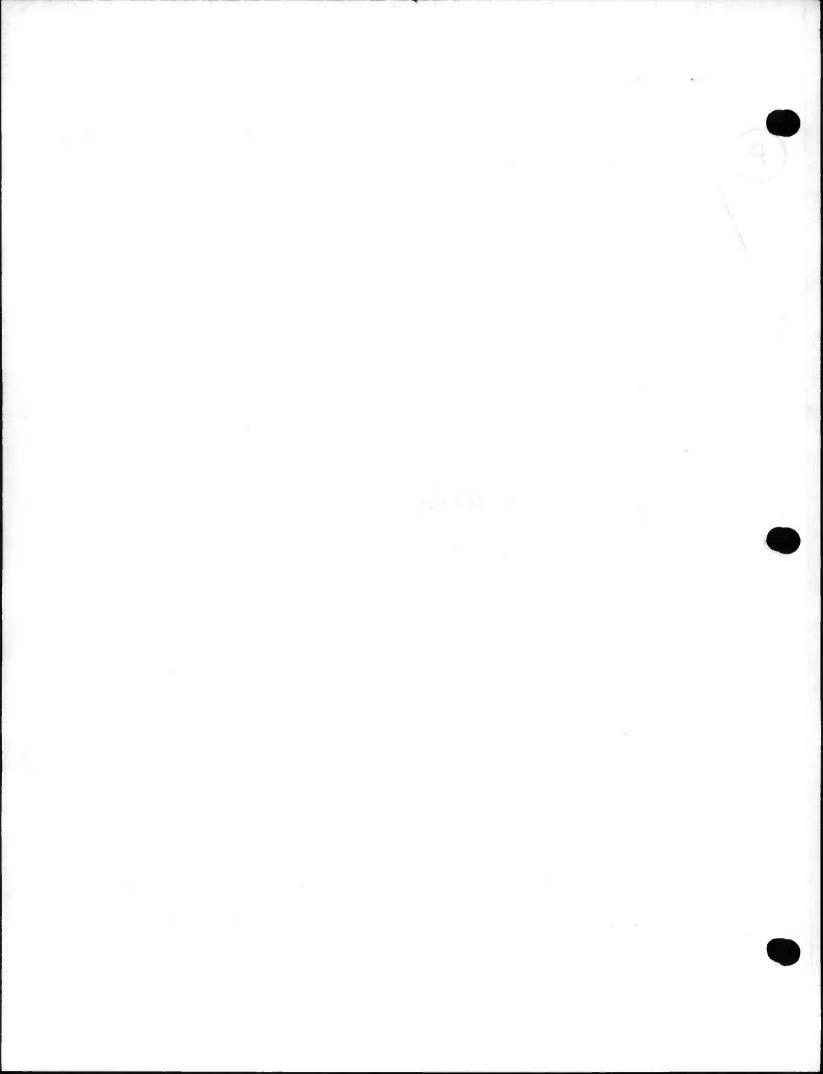
REGISTRAR				CERTIFIC	CATE (OF DE	ATH		REG. NO.				
1. DECEDENT'S NAME (First, Mi	ddle, Last)							2. DATE O	F DEATH	av .	YEAR	3. TIME OF DE	EATN
		MARJO	RIE	D.	TH	OMAS		Nove	mber	6. 1	990	6:23	a
4. SOCIAL SECURITY NUMBER	5. 5	SEX	8. AGE (In)		IF UNDER 1 YE		IDER 24 HRS.	7. DATE OF	F BIRTN Day, Year)		8. BIRTI	NPLACE (State or	Foreign
214-07-4842		□ XXX F	70	YRS.		W8 HOU		10-1	9-192		PZ	Α	
9a. FACILITY NAME (If not instite		,					ATION OF DE	ATN		9c. CO	UNTY OF C	DEATN	
Memori RESIDENCE OF DECE	al Hosp	pital			Cui	mber1	and				Alle	gany	
	Db. COUNTY			10c. CITY,	TOWN OR L	OCATION						10d. INSIDE C	ITY
MD AII	legany			Cimbo	rland	3						YES 2	
10e. STREET AND NUMBER	regariy			CIBILICA	TIALL	101. ZIP (ODE			10g. CI	TIZEN OF	WHAT COUNTRY	7
110 Pennsylv	ania A	venue				21502				IIS	7\		
11. MARITAL STATUS	12.	WAS DECEDEN				DECENDE	T OF HISPAN					E — American Ir k, White, atc.	ndlen,
1 ☐ Never Married XX W Ma 3 ☐ Widowed 4 ☐ Divorce		IF YES, GIVE W		XX NO		YES 2.	uban, Maxica NO Specif		can, atc.)		Spec		
						741						nite	
(Specify only hi	ENT'S EDUCATION Ighest grade comp		-1	8a. DECEDENT'S U (Give kind of we life. Do NOT use	ork done durin	PATION og most of w	orking	16b.)	KIND OF BU	SINES\$/II	NDUSTRY		
Elementary/Secondary (0-12) Co	ollege (1-4 or 5	·)	-1				1.					
12 17. FATHER'S NAME (First, Midd	H- (0)			former	embro		IOTNER'S NA		exti				
Harry Schard						240				Sumame)			
19a, INFORMANT'S NAME (Type				19b. MAILING		عل	adio I	. Poc	od	- 01.4.	T- 0- 4-)		
		C-a											
Mr. John W.		, Sr.	1 000 0	110 Pen				e Cum			MD 2		
Buriel 2 Cremation 4 Donation 5 Other (Se	3 - Ramoval	from Stata	0	ther place)		-							
21, SIGNATURE OF FUNERAL S	,	EF A	ROC	ky Gap			ORESS OF FA		Filin	tsto	one.	MD	
		. / .	G== 41	//			i Fund		Home				
Cone	nt	X Ca	ARL	dla.	Cuml	perla	nd. M	215	02				
23. PART I. Enter the dise shock, or hes	esea, or com	plicetions the	t caused t	he death. Do no	ot enter the	mode of	dying, suc	h as cardi	sc or reap	iratory s	erreat,	Approx	imate I Batwee
IMMEDIATE CAUSE (Final		/· /	00	COC	1015	- /	111	c 1.					and Deat
disesse or condition resulting in death)	a .	C/1	KD	100	ENJ	(SHO	CK.					
	122	DUE 30	(OR AS A C	ONSEQUENCE OF	1	1							
Sequentially list condition	C .	- 11	400	wel	101	acl	fun						
if any, leading to immedia	ate .	DUE 10	OR AS A C	ONSEQUENCE OF	00	1	D					Ť	
Cause. Enter UNDERLYING CAUSE (Disease or Injury		pue so		COYVILA	y pr	lly	Littea	55				_	
that initiated events resulting in death) LAST		DUE TO	(OR AS A C	ONSEQUENCE OF	r	/	_					i	
iooning in woully and	d_											-	
PART II. Other significant	conditions c	ontributing to	death but	not resulting is	the unde	rlying ceu	se given in	Part I.	24a. WAS AN		Y 24	b. WERE AUTOPS	
7)4	leti	Mo DE	Luc						PERFO			COMPLETION (
01	100	1000	(10)	*					1 1 169	Z US NO		OF DEATH?	□ NO
												1 100 2	
25. WAS CASE REFERRED TO I	MEDICAL					26. PLACE	OF OEATH (C	neck only one)				
EXAMINER?		OSPITAL:	FR/Outpat	lent 3 DOA	OTHER:	Nome 6	Rasidence	6 □ Other	(Snecth/)				
27. MANNER OF DEATH		28a. OATE OF	FINJURY	28b. TIME	OF 28	c. INJURY			CRIBE HOW	INJURY C	CCURED		
1 Natural 6 Pe		(Month, I	Day, Year)	INJ		WORK?	2 NO						
a D autotid	restigation			- At home, farm, a	treet, factory,	, offica		26f. LOCA	TION (Street	and Numi	ber or Rurai	Route Number,	
	ould not be termined	building	, etc. (Specify	1)				City o	r Town, State)			
29a. CERTIFIER	VINO BUVELO	N. To the heat	d my beaut	day double	d =0 4h 141	data := 1	da	An dh	-(-) 1		detect		
(Check only		_		dge, death occurre and/or investigation								(a) and manner	no odpinal
	- 1	on the sealer of		arvestigetion	., my opin				erro piece, a				
29b. SIGNATURE AND TITLE O	E CENTIFIER	rill.					LICENSE NU			29d. D	ATE SIGNS	Morien, Day, 16	HRF)
	1	1/11/0	/		-		- 19	218		-	11/9	174	
30. NAME AND AODRESS OF F		-34									1		
Dr. N. F	laniith	an-517	Oldto	own Road	- Cim	berl:	and, M	D 21	502	_			
3 PUVI 3 1990	1 Galia	132 REGISTR	A BARBUO	DAE									
	//		-										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Security and redeath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

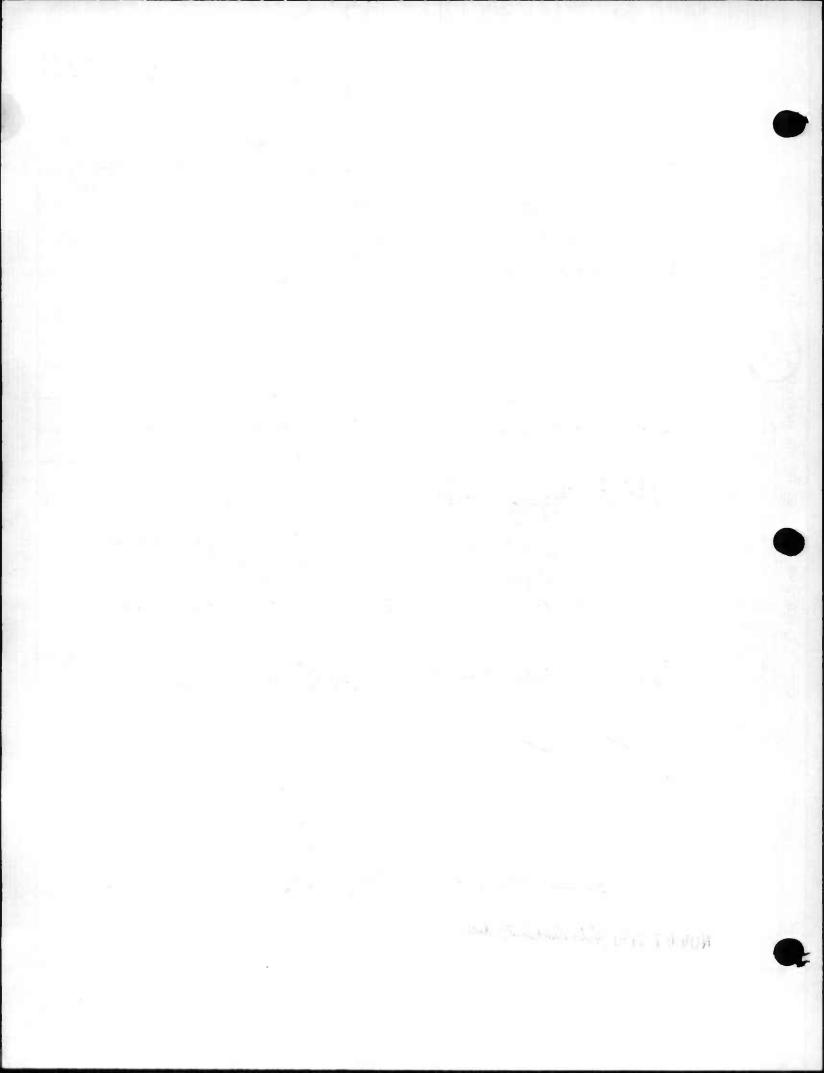
IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

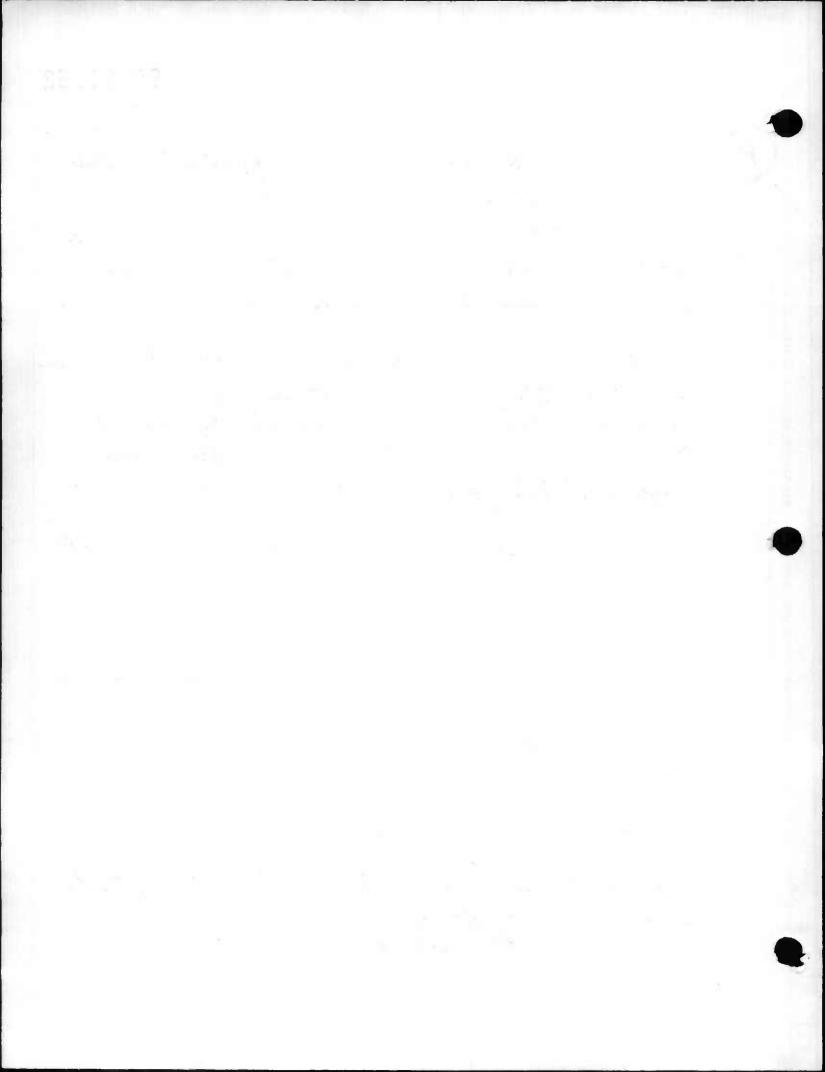


STATE OF MARYLAND / DEPARTMENT OF HE	EALTH AND P	MENTAL H	YGIENE
CERTIFICATE OF I	DEATH	R	EG. NO.

1. DECEDENT'S NAME (First, Middle, Last)	SINIE UF MART		ICATE OF		MENTAL HYGIE REG. NO		
					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
EMMA	M	TYRR			NOVEMBER	02, 1990	
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign Country)
216-74-8349 9e. FACILITY NAME (If not institution, give etr		31 YRS.	AL OUTH TOWN	OR LOCATION OF DE	Nov. 21,	1908	Maryland
NORTH ARUNDEL HOS				RNIE MARYL		7/2, 13/3	UNDEL COUNTY
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	rion			10d. INSIDE CITY LIMITS?
Maryland Anne	Arundel	Se	vern				1 ☐ YES ZZONO
10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
7794 Poplar Gr	ove Rd.			21144		U.	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED			IC ORIGIN? (Specify Y	ee or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			NO Specify			Specify:
16, DECEDENT'S EDUC	ATION	16e. DECEDENT'S	HOUSE COOLINGS	CAL	461 1/11/2 05 6	USINESS/INDUST	White
(Specify only highest grade of	completed)	(Give kind of v	work done during make retired.)	ost of working	166. KIND OF B	USINESS/INDUS	nt.
Elementary/Secondary (0-12)	College (1-4 or 6+)	Homema			0	Home	
17. FATHER'S NAME (First, Middle, Last)		THOME MA	KEL	16. MOTHER'S NA	ME (First, Middle, Maide		
August Tillman				Mary (ruddy		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Poute Number, City or To	own, State, Zip Coo	de)
Mary C. Rensha	W	779	4 Popla	ar Grove	Rd., S	evern.	MD 21144
20a, METHOD OF DISPOSITION		other place)				OCATION — City	
1 🗷 Buriel 2 🗆 Cremation 3 🗔 Remo		Loudon	Park Ce	emeterv	Ba	1 t. i mor	e, Marvla
21. SIGNATURE OF FUNERAL SERVICE LIC		- 1	22. NAME A	ND ADDRESS OF FA	CILITY		
* Plan	w . Y	3. 6	/	-	neral Ho		21061
23. PART i. Enter the diseases, or c	complications that cause	sed the death. Do					Burnie, I
ahock, or heart failure. I	List only one cause on	each line.					Interval Batwe
iMMEDIATE CAUSE (Final disease or condition	CARDIA C DUE TO (OR A) A CUTR	ARRE	CT WI	M EL	RETROI	YRCHA	VCAC_
reaulting in death)	DUE TO (OR A	S A CONSEQUENCE O	F):	Digto	CIARRA	1	
	ACUTA	- MY	OCARDI	AL 1	NFARCI	200	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	s a consequence o	F): 1	- 11	1 . 0	- 7	
cause. Enter UNDERLYING CAUSE (Disease or injury	Arterie	delen	the C	godio	ascular	Uno	are
that initiated events	DUE TO (OR A	S A CONSEQUENCE O	F):				
	4						
resulting in death) LAST	a contributing to deet	h but not requiting	in the underlying	g cause given in	Part i. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDIN
	to death					ORMED?	
PART II/Other significant condition		ve me	menon	2 Dine	14		AVAILABLE PRIOR TO COMPLETION OF CAUS
		se me	menon	Direc	1 TYES		COMPLETION OF CAUS OF DEATH?
PART II/Other significant condition		te pue	men	Direc	14		COMPLETION OF CAUS
PART IJ Other eignificant condition		Je pre) Direc	1 D YES		COMPLETION OF CAUSE OF DEATH?
PART II Other aignificant condition	Methods Hospital:		28. F OTHER:	LACE OF DEATH (Ch	1 UYES		COMPLETION OF CAUSE OF DEATH?
PART IN Other aignificant condition	Methods	outpetlant 3 🗆 DOA	28. F OTHER: 4 \(\text{Nursing Ho} \)	PLACE OF DEATH (Ch	1 UVES	2 (NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Newtural 5 Pending	HOSPIPAL:	outpetlant 3 🗆 DOA	28. F OTHER: 4 Nursing Ho IE OF 28c. IN JURY W	LACE OF DEATH (Ch	1 UYES	2 (NO	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART IN Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPIPAL: 1 Stripation 2 ENO 28a. DATE OF INJUR (Month, Day, Yea	butpetlant 3 DOA RY 26b. Tilk	28. F OTHER: 4 Nursing Ho RE OF JURY M 1	PLACE OF DEATH (Ch	1 UYES eck only one) 6 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre	V INJURY OCCUR	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VANCE OF DEATH 1 NATURAL 5 Pending	HOSPIPAL: 1 G-Impatient 2 - ER/O 28a. DATE OF INJUR (Mornit), Day, Yea	butpetlant 3 DOA RY 26b. Tilk	28. F OTHER: 4 Nursing Ho RE OF JURY M 1	PLACE OF DEATH (Ch	1 UVES eck only one) 6 Other (Specify) 28d. DESCRIBE HON	V INJURY OCCUR	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 FETTIEVING BUYCE	HOSPIPAL: 1 Griffpatient 2 GR/O 28e. DACE OF INJUR (Month, Day, Yee 28e. PLACE OF INJUR building, etc. (S	outpetiant 3 DOA RY 26b. Tilk IN. JRY — At home, farm,	28. F OTHER: 4 Nursing Ho IE OF 28c. IN W M 1 street, factory, offi	LACE OF DEATH (Ch	1 UYES eck only one) 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Streetly or Town, Ste	V INJURY OCCUR	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART IJ Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 INO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER 1 CERTIFYING PHYSE	MOSPLEAL: 1 G-finpatient 2 = ER/O 28e. DATE OF INJUR (Month, Day, Yee 28e. PLACE OF INJUR building, etc. (S	Dutpetiant 3 DOA RY 26b. Tilk IN. JRY — At home, farm, specify)	28. F OTHER: 4 Nursing Ho BE OF 28c. IN JURY M 1 street, factory, offi	LACE OF DEATH (Chine 5 Residence JURY AT ORK? YES 2 NO	1 VES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, Ste	V INJURY OCCUR et and Number or	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO Rural Route Number,
PART II Dther aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPIPAL: 1 Integrated 2 - ER/O 28s. DATE OF INJUR (Month, Day, Yea 28s. PLACE OF INJUR building, etc. (S) CIAN: To the best of my kn IR: On the basis of axamina	Dutpetiant 3 DOA RY 26b. Tilk IN. JRY — At home, farm, specify)	28. F OTHER: 4 Nursing Ho BE OF 28c. IN JURY M 1 street, factory, offi	LACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dus death occured at the	1 UYES ock only one) 6 Other (Specify) 28d. DESCRIBE HON 281. LOCATION (Streetly or Town, Steetly or Tow	V INJURY OCCUR et and Number or te) anner as stated. and due to the c	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NED Rivel Route Number,
PART IJ Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 INO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER 1 CERTIFYING PHYSE	HOSPITAL: 1 Integration 2 = ER/O 28s. DATE OF INJUR (Month, Day, Yes 28s. PLACE OF INJUR building, etc. (S) CIAN: To the best of my kn	Dutpetlant 3 DOA RY 29b. Till IN. JRY — At home, farm, specify) nowledge, death occuration and/or investigati	28. F OTHER: 4 Nursing Hot E OF 28c. IN W 1 street, factory, offi	LACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO ce a and place, and due death occured at the	1 VES 1 VES 1 VES Cock only one) 8 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Streetly or Town, Steetly or Town, Steetle) 1 to the cause(s) and retime, data and place, WBER	V INJURY OCCUR et and Number or te) anner as stated. and due to the c	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO RED Rural Route Number, euee(a) and manner as stated IGNED (Month, Day, War)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VO 27. MANNER OF DEATH 1 Medium 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Stripation: 2 = ER/O 28a. DACE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, etc. (S CIAN: To the best of my kn R: On the basis of examina	Dutpetlant 3 DOA RY 26b. Till IN. JRY — At home, farm, Specify) nowledge, death occur stion and/or investiget	28. F OTHER: 4 Nursing Ho BE OF 25c. IN W 1 street, factory, offi	LACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dus death occured at the	1 VES 1 VES 1 VES Cock only one) 8 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Streetly or Town, Steetly or Town, Steetle) 1 to the cause(s) and retime, data and place, WBER	V INJURY OCCUR et and Number or te) anner as stated. and due to the c	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NED Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Heritral 5 Pending Investigation 3 Suicide 6 Could not be detarmined 20a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	MOSPLEAL: 1 6-finpatient 2 = ER/O 28e. DATE OF INJUR (Month, Day, Yes 28e. PLACE OF INJUR building, etc. (S CIAN: To the best of my km R: On the basis of axamina	Dutpetiant 3 DOA RY 26b. Tilk IN JRY — At home, farm, Specify) nowledge, death occurrention and/or investigate LA DEATH (ITEM 27) (Type	28. F OTHER: 4 Nursing Hotel BE OF 28c. IN W 1 street, factory, offi	LACE OF DEATH (Characteristics) LACE OF DEATH (Characteristics) Be a seldence June 1 on the seldence June 1 on t	1 UYES eck only one) 6 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre- City or Town, State to the cause(s) and re- time, data and place,	v INJURY OCCUR et and Number or te) and due to the c 29d. DATE 9	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO NED Rural Route Number, euse(a) and manner as stated IGNED (Month, Day, Year) 2 20
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 LINO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 30. NAME AND ADDRESS OF PERSON WHICH ACKIMKAL V. CYRIAC	MOSPLEAL: 1 6-finpatient 2 = ER/O 28e. DATE OF INJUR (Month, Day, Yes 28e. PLACE OF INJUR building, etc. (S CIAN: To the best of my km R: On the basis of axamina	Dutpetlant 3 DOA RY 28b. Till IN JRY — At home, farm, specify) nowledge, death occurration and/or investigate DEATH (ITEM 27) (Type) CRAIN HIGH	28. F OTHER: 4 Nursing Hotel BE OF 28c. IN W 1 street, factory, offi	LACE OF DEATH (Characteristics) LACE OF DEATH (Characteristics) Be a seldence June 1 on the seldence June 1 on t	1 UYES eck only one) 6 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre- City or Town, State to the cause(s) and re- time, data and place,	v INJURY OCCUR et and Number or te) and due to the c 29d. DATE 9	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO NED Rural Route Number, euce(a) and manner se stated IGNED (Month, Day, Year) 2. 80



1	4. SOCIAL SECURITY NUMBER 2. 1.3 - 0.9 - 4.8.5.8 9. FACILITY NAME (If not institution	5. SEX 1 M 2 F	6. AGE (In yrs. last	YRS. MONTHS	DAYS HOURS MIN Y, TOWN OR LOCATION O	N. Avg	of BIRTH th, Day, Year) 1. 25, 1905	Country)	Md,
CTOR	Edw.W.McCready	NT	Hospital		Crisfield			Somers	
DIRE	Maryland	Somerset		Crisfi	eld				IOd, INSIDE CITY LIMITS?
FUNERAL	RT-I BOX	213-A			101. ZIP CODE			CITIZEN OF WH	AAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. ARI 1 YES 2 MIN WAR OR DATES		WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO S	SPANIC ORIGII exican, Puerto pecify:	N? (Specify Yea or No Rican, etc.)	14. RACE - Black, Specify.	- American Indian White, atc. Black
ETED	15. DECEDEN' (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION set grade completed) College (1-4 or 8	(GA	1 1	during most of working	160	b. KIND OF BUSINESS	,	
COMPLET	17. FATHER'S NAME (First, Middle,	Last) , j	,	LABO		S NAME (First,	SEH FL Middle, Melden Surner		
BE	19a. INFORMANT'S NAME (Type/Pri	int)	199	MAILING ADDRES	Ann 35 (Street and Number or R	ural Boute Num	nber, City or Town, State	e, Zip Code)	
	20a, METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3		20b. PLACE	OF DISPOSITION (N	lame_pl cemetery, cremetory	Crist	200/LOCATION	1. 2-18 N - City or Tow	n, State
	1 D-Burlel 2 Cremation 3 4 Donation 5 Other (Special Signature of Juneral Series)	//y)	other pla	Mt. 1	NAME AND ADDRESS O	F FACILITY	Mari	in Mk	1.
	Apolly.	E. Clare	4. 0.	A	nthony War	d, Cov	re St., C	risfiel	d, Md.
	IMMEDIATE CAUSE (Final	fellure. List only one co	ause on each line).					interval Be
TION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSECTO (OR AS A CONSECTO)	OUENCE OF)://	Pance	ane			G M
	disease or condition resulting in death) Sequentially list conditions,	DUE T	O (OR AS A CONSEC	OUENCE OF):	Pancs	Boul			Onset and
RTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSECTO (OR AS A CONSECTO)	OUENCE OF): QUENCE OF):			24a. WAS AN AUTO PERFORMED? 1 YES 2 N	0	WERE AUTOPSY FR AMAILABLE PRIOR 1 COMPLETION OF CO
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSECTO (OR AS A CONSECTO)	OUENCE OF): QUENCE OF): resulting in the u	inderlying cause give 28. PLACE OF DEATH	n In Part I.	PERFORMED?	0	WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CO
YSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant or EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi	DICAL HOSPITAL: 1 Omparition 1 268. DATE ((Month,	O (OR AS A CONSECTO (OR AS A C	OUENCE OF): QUENCE OF): resulting in the u	anderfying cause gives 26. PLACE OF DEATH ER: rating Home 5 ☐ Reside 26c. INJURY AT WORK?	n In Part I. H (Check only of these 5 - Oth 28d. DE	PERFORMED? 1 YES 2 N	0	WERE AUTOPSY FR AMAILABLE PRIOR T COMPLETION OF CO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant or EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendl 2 Accident 5 Coulc	DICAL HOSPITAL: 1 Propertient 2 26a. DATE ((Month, ligetion 25a. PLACE	O (OR AS A CONSECTO (OR AS A C	OUENCE OF): OUENCE OF): OUENCE OF): resulting in the u OTHE A D DOA 4 No. 26b. TIME OF INJURY M	26. PLACE OF DEATH R: Iraing Home 5 = Reside 25c. INJURY AT WORK? 1 YES 2 NO	n In Part I. H (Check only of check only of	PERFORMED? 1 YES 2 N One)	Y OCCURED	WERE AUTOPSY FIR AMAILABLE PRIOR COMPLETION OF CO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant or EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi 2 Accident 3 Suicide 5 Could 4 Homicide 6 Could	DICAL HOSPITAL: 1 Shipetion 26s, PLACE (Month, and to be be described by the state of the state	O (OR AS A CONSECTO (OR AS A C	OUENCE OF): OUENCE OF): GUENCE OF): Tresulting in the use of the country of th	26. PLACE OF DEATH 27. PLACE OF DEATH 28. PLACE OF DEATH 28. INJURY AT WORK? 1 YES 2 NO ctory, office	n In Part I. H (Check only of the Check only on	PERFORMED? 1 YES 2 N NOT (Specify) ESCRIBE HOW INJURY CATION (Street and No. 1) y or Town, State)	Y OCCURED umber or Rural Ro	WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION OF CO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant or EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi Invest 3 Suicide 5 Could detail 4 Homicide detail 29s. CERTIFIER (Check only one) 2 MEDICAL II.	DICAL HOSPIAL: 1 Properties 2 Ing Ing It and the Buildin IG PHYSICIAN: To the best of CERTIFIER DUE T C. DUE T	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): Presulting in the u OTHE OUENCE OF): Presulting in the u OTHE OUENCE OF): OUE	26. PLACE OF DEATH 27. PLACE OF DEATH 28. PLACE OF DEATH 28. INJURY AT WORK? 1 YES 2 NO ctory, office	n In Part I. H (Check only of once 5 Oth 28d, DE OC) 28f, LO Clot d dua to the cut the time, dat	PERFORMED? 1 YES 2 N N N N N N N N N N N N N	Y OCCURED Y OCCURED In stated, is to the cause(s)	WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION OF CO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant or EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi Invest 3 Suicide 5 Could detail (Check only one) 296. SIGNATURE AND TITLE OF COULD SIGNATURE AND TITLE OF COULD SIGNATURE AND TITLE OF COULD SIGNATURE AND TITLE OF COULD SIGNATURE AND ADDRESS OF PER	DICAL HOSPITAL: 1 Dipertion 2 Ing Highlighton 25e. PLACE buildin ING PHYSICIAN: To the best of CERTIFIER HOON WHO COMPLETED CA A. Sterling	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): Presulting in the u OTHE OTHE S D DOA 4 THE 25b. TIME OF INJURY M Ome, farm, street, fa- eath occurred at the investigation, in my	26. PLACE OF DEATH 28. PLACE OF DEATH ER: 28c. INJURY AT WORKY 1 YES 2 No ctory, office 29c. LICENSE	n In Part I. H (Check only of the Company of the C	PERFORMED? 1 YES 2 N N N N N N N N N N N N N	Y OCCURED Y OCCURED In stated, is to the cause(s)	1 YES 2 N



30, NAME AND ADDRES

31. DATE FILEO (M. gir), Day, Yes

OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randesa

LEON

no

GEORGE

										UE	2190	10
	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF H			MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		VEAD	3. TIME OF DEATH	N
	ROBERT	EDWARD	TR	ESSL	ER			MONTH	06 1	990°	05:30	M
	4. SOCIAL SECURITY NUMBER 219-20-1829	8. SEX 1 M 2 F	6. AGE (In yrs. less		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year 10-28-19		Counti	PLACE (State or Formy) nnsylvan	
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE			NTY OF D	EATH	
E I	Southern Md. Hosp	oital Cen	ter		Clinton	. Mar	rvla	nd	Pri	nce (George's	
DIRECTOR	RESIDENCE OF DECEDENT						-					
H	10a. STATE 10b. COUNTY				Y, TOWN OR LOCAT	TION					10d. INSIDE CITY LIMITS?	
	Md. Char	<u>ies</u>		Wa	ldorf						1 YES 2	NO
FUNERAL	10e. STREET AND NUMBER				200	ZIP CODE					WHAT COUNTRY?	
	Rt 301, Box 76					20601			US.			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED IO				IIC ORIGIN? (Specify n, Puetto Rican, atc.)		14. RACI Black	E — American India k, White, etc.	ın,
BY	3 Widowed 4 Divorced	IF YES, OIVE W	AR OR DATES		1 TYES	2 NO	Specify	y:		Speci	White	
	15. DECEDENT'S EDU	CATION		CEDENT'S	USUAL OCCUPATION	DN .		18b. KIND OF	RI ISINESS/IN		MITTEE	
	(Specify only highest grade	completed)	(Gi	ive kind of Do NOT u	work done during mo	st of workin	g	IOU. KIND OF	DOSINESSAIN	DOSTAT		
7	10th grade	College (1-4 or 5+		nager	mant			Hospit	ality			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Tiul	nagei	IICII C	16. MOTI	IER'S NA	ME (First, Middle, Mei			•	
	Howard Edward Tr	racclar						ine Fishe		cclas	^	
H	19e, INFORMANT'S NAME (Type/Print)	C331C1	198	b. MAILING	ADDRESS (Street		_	Aoute Number, City or				
2	Catherine Tressle	or						gerstown.			1	
					SITION (Name of ce.				LOCATION -			
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Sleta	other pla	ace)			,	1	elten	-		
	Md. Veterans Cemetery Md. Veterans Cemetery Cemete						CILITY THE IN	MATT F	TIMED	81 110MF	TNC	
	J110110 K/5	11/2 1	+			2011		THE H	UNII	UNEK	AL HUME,	INC.
	Man	den	1					WALDORF				
	23. PART I. Enter the diseases, or shock, or haert fellure.	Complications that List only one cau	se on each line	eth, Do	not antar tha mo	da of dyl	ng, suc	h aa cerdlec or re	spiratory a	rrest,	Approxima	neewse
	IMMEDIATE CAUSE (Finel disease or condition		V	41			-	17 0	1		Onset and	Death
	resulting in death)	a. Metas	TATIC	CAN	CINOW	A	10	BRAI	N) IE	4		
		a. Metas oue to Pres	(OR AS A CONSE	OUENCE C	(F):	,	" A. ZI	CFO				
NO	Sequentielly list conditions,	b. Pres	OR AS A CONSE	Ollewor o	201061		/	JEK				
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING				ADICE							
5	CAUSE (Diseese or Injury	c. DUE TO	OR AS A CONSE	DUENCE C	PD:	,,,					- 	
Ē	that initiated eventa resulting in death) LAST		cocloc	-								
G		d										
AL	PART II. Other significant condition		death but not r	reaulting	In the underlyin	g cause :	given in		AN AUTOPSY	248	AMAILABLE PRIOR	
SC		000						1 _ YE	3 2 1110		COMPLETION OF CO	AUSE
MEC	- Bardeli	ve Di	creta	a	reclif						1 TYES 2	10
ż	- OBEST)										
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIFAL:				LACE OF D	EATN (Ch	neck only one)				
SIC	1 YES 2 1-110	1 Minpatient 2	ER/Outpetlant 3	□ DOA	OTHER: 4 Nursing Nor	ne 5 🗆 Re	aldence	6 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNEW OF DEATH	28a. DATE OF (Month, Di		28b. TII		JURY AT DRK?		28d. DESCRIBE NO	W INJURY O	CCURED		
ВУ	I Natural 5 Pending 2 Accident Investigation			_	M 1 🗆	YES 2	NO					
	3 Suicide 8 Could not be	28a. PLACE O building,	F INJURY — Al ho etc. (Specify)	ome, farm,	streel, factory, offi	ca		28f. LOCATION (St. City or Town, S		er or Rural	Route Number,	
ETE	4 Nomicide determined		_					***				
PL	(Check Only	ICIAN: To the best of										
COMPLETED		III: On the beals of ex	camination and/or	Investigati	on, in my opinion,	death occu	red at the	time, data and place	, and dua lo	the ceuse(e) and manner as #	tated.
	290. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	ENSE NU	MBER	29d. OA			
29d. OATE SIGNEO (Month, Dey, Year)								745		16	6-95	3

29c. LICENSE NUMBER 035345

2000

DNMH-18 Rev 1/89

DR.

20602

29d. OATE SIGNEO (Month, Day, Year)

L-G-90

WALDORF MD

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

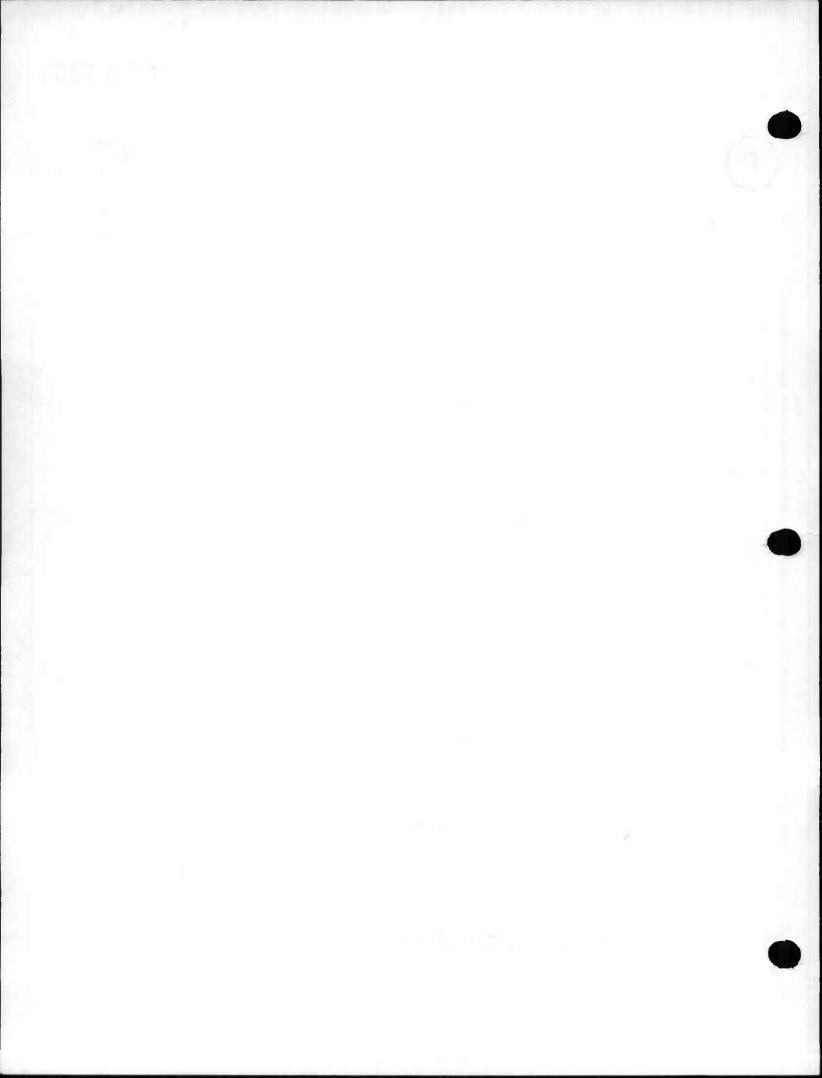
	REGISTRAR		CERTIFIC	ATE C	F DEATH	REG. I	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
-	Alverta	Juani	ta Tulge	tske		Nov 1			1610 M
		SEX 6. AGE (1		UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year Sept. 24	1922	Country	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give about Calvert Memoria) RESIDENCE OF DECEMENT		98		n or location of de	EATH		NTY OF DE	
REC	10s. STATE 10b. COUNTY Maryland Calvert		10c. CITY, T						10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER		140	rth E	10f. ZIP CODE				1 YES 2 NO
FUNERAL DIRECTOR	3849 4th Street				20714		10g. CITE		SA
B	11. MARITAL STATUS 12 1 Never Married 2 Married 3 M Wildowed 4 Divorced	U.S. ARMED 2 NO	If yes	DECENDENT OF HISPAN, specify Cuban, Maxica YES 2 NO Specify	in, Puerto Rican, etc.		14. RACE Black Specif	- American Indian, White, etc. White	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ON ploted) oflege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during stired.)	ATION most of working		BUSINESS/IND	DUSTRY	
M	/		house	wite		home		_	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mai	,		
BE	Joseph Chaney					ly Grace		1100	
2	19a. INFORMANT'S NAME (Type/Print)		The second second		et and Number or Rural	Route Number, City or	Town, State, Zip	Code)	
	Mary Ellen Tulgets		same as						
- 1	1 🔀 Burial 2 □ Cremation 3 □ Removal	from State	other place)			1000	LOCATION —		
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		uthern Me		1 Gardens		nkirk	Mary	land
	John Offant	sof_			. Box 45	Rausc	h Fune		
CERTIFICATION	shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events.)	1	2 1	Acrest OPD				Interval Between Onset and Death	
	resulting in death) LAST d PART II. Other algorificant conditions of	ontributing to death h	ut not resulting in	the under	hing series glass in	Part I 240 MM	S AN AUTOPSY	245	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Atril Fib	ullah,	Preuno			PER	FORMED?	240.	MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AA	25. WAS CASE REFERRED TO MEDICAL	1988		2	8. PLACE OF DEATH (C	neck only one)			
SIC		OSPITAL:		THER:	Home 5 - Residence	6 ☐ Other (Specify)			
/ PHY	27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y	INJURY AT WORK?	28d. DESCRIBE HO	OW INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory,	office	281. LOCATION (St. City or Town, S	eet and Number itate)	r or Rural F	loute Number,
COMPLETED	cont ormy	N: To the best of my know) and manner as stated.
BE	296. SIGNATURE AND THE OF CERTIFIER				29c. LICENSE NU	MBER 3123		E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF RERSON WHO C		ATH (ITEM 27) (Type, Pr		rince Fred	erick. Ma	arvland	3	
200	31. DATE FILED (YOU'V 1 3 1990	32 PRECISTRAN'S SIGN June Davidson	ATURE Mandell				7		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hours be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. OECEDENT'S NAME (Firel, Middle, Last)					F DEATH		REG. NO.			
						2. DATE	OF OEATH		3	. TIME OF OEATH
Arthur James UPPE	ERMAN III					Octo	ber 3	199	SO ^R	4:59 P M
4. SOCIAL SECURITY NUMBER		AGE (in yrs. lest	birthday) IF	UNDER 1 YEA	R IF UNGER 24 HRS.		OF BIRTH		. BIRTHPL	LACE (State or Foreign
151-34-7157	1 M 2 □ F	46	YRS.	THS DAY		NOV	h, Day, Year) 3,191			JERSEY
9a. FACILITY NAME (If not institution, give s			96	. CITY, TOW	N OR LOCATION OF	DEATH		9c. COUNT		
DOCTORS COMMUNITY	HOSPITAL]	LANHA	<u>M</u>			PRINC	CE GE	EORGE
10e. STATE 10b. COUNTY	Y		10c. CITY, TO	OWN OR LO	CATION				1	0d, INSIDE CITY
MD. A.A.			TD	OWIE						LIMITS?
10e. STREET AND NUMBER	,			JAN TITLE	101, ZIP CODE			10a, CITIZE		AT COUNTRY?
6007 HILLMEAT	DE RD				20715				J.S.A	
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM	#ED	13. WAS 1	DECENDENT OF HISP	ANIC ORIGI	N? (Specify Yea			- American Indian, White, atc.
1 Never Merried 2 Narriad 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		D		specify Cuben, Maxie PES 2 NO Spec		Rican, atc.)		Specify:	
15. DECEDENT'S EDU		16a. DEC	EDENT'S US	JAL OCCUP	ATION	161	, KIND OF BUS	INESS/INOU	STRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	e kind of work Do NOT use re	done during tired.)	most of working					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5+	N	EDICA	LSAL	ES REP.		SALI	ES		
17. FATHER'S NAME (Firel, Middle, Last)				-	18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
ARTHUR JAME	es upperm	AN JR.				MIN	VIE	TAS	SITE	ER
19a. INFORMANT'S NAME (Type/Print)			MAILING AD	DRESS (Stre	et and Number or Rura					
BARBARA UPPER	RMAN		SAM			10			,	
20a. METHOD OF DISPOSITION	WIE LET	20b. PLACE (cemetery, crematory of		20c. LO	CATION — CI	ity or Town	n. Stata
1 W Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	other pia	CB)		ORIAL PAR					CK, N.J.
21. SIGNATURE OF FUNERAL SERVICE LI	CÉNSEE .	PT	V-11/11/11/11/11/11/11/11/11/11/11/11/11/		AND ADDRESS OF I		T/(E)	4 DRUI	NOWIC	M. W. U.
· NACKO	mhusa	2 MC	0091		. CHAMBEF		TNC	RTVE	TA CRE	20737 E. MD.
23. PART I. Enter the disesses, or	complications that c									Approximate
shock, or heart fallure.	List only one cause	on each line.								Interval Between Onset end Death
IMMEDIATE CAUSE (Finel disease or condition	11. 4	1000	Tart.	110	CA ADA					
resulting in death)	s. Vent	A CA CONCEC	LIENCE OF	of or	nax v					10 mo
		LOUIN!								10 mis
Sequentially list conditions,	b. DUE TO IO	R AS A CONSEC	UENCE OF:	4						
if sny, leading to immediata cause. Enter UNDERLYING	200		Oshino Shift							1
				1						
CAUSE (Disease or Injury	C. DUE TO (OI	R AS A CONSEC	UENCE OF):	1						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	UENCE OF):							
that initiated events	d.	R AS A CONSEC	UENCE OF):	1						
that initiated events	d			he underl	ying couse given i	n Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS
that initiated events resulting in desth) LAST	d			he underl	ying ceuee given i	n Part I.	PERFOR	MED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
that initiated events resulting in desth) LAST	d			he underl	ying cause given i	n Part I.		MED?		WERE AUTOPSY FINDINGS
that initiated events resulting in death) LAST	d			he underl	ying couse given i	n Part I.	PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in desth) LAST	d				ying couse given i		PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dns contributing to de	eth but not n	esuiting in t	20 THER:	3. PLACE OF DEATH (Check only o	PERFOF	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	dns contributing to de	neth but not n	osuiting in t	20 THER:	S. PLACE OF DEATH (Check only c	PERFOR	NO NO	,	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dns contributing to de	eth but not n	esuiting in t	THER: Nursing	S. PLACE OF DEATH (I	Check only c	PERFOF	NO NO	,	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetiant 2 E 28e. DATE OF IN (Month, Dey.	R/Outpatient 3 JURY	DOA 4 28b. TIME C	ZITHER: Nursing F 28c. M 1	S. PLACE OF DEATH (*) Home 5 Realdenc INJURY AT WORK?	Check only o	PERFOR 1 YES 2 Ine) or (Specify) SCRIBE HOW I	NJURY OCCI	URED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN (Month, Dey,	R/Outpatient 3 JURY — At ho	DOA 4 28b. TIME C	ZITHER: Nursing F 28c. M 1	S. PLACE OF DEATH (*) Home 5 Realdenc INJURY AT WORK?	Check only o	PERFOR	NJURY OCCI	URED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER 1 CESTIEVIMA DAYS	HOSPITAL: 1 Inpetiant 2 E 28e. DATE OF IN (Month, Day, 28e. PLACE OF I building, etc.)	R/Outpatient 3 JURY har) NJURY — At ho	DOA 4 28b. TIME C INJUR	22 THER: Nursing F 28c. M 1 et, factory,	S. PLACE OF DEATH (Home 5 Realdence INJURY AT WORK? YES 2 NO	Etheok only o	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I CATION (Street or Town, State)	NJURY OCCL	URED or Rural Ro	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 1998. CERTIFFIRE (Check only)	HOSPITAL: 1 Inpetiant 2 E 28e. DATE OF IN (Month, Day, Day) 28e. PLACE OF I building, atc	P/Outpatient 3 JURY bar) NJURY — At ho	DOA 4 28b. TIME C INJUR	Zet THER: Nursing F 28c. Y M 1 et, factory,	S. PLACE OF DEATH (Home 5 Realdenc INJURY AT WORK? YES 2 NO office date and place, and d	28d. Di	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I CATION (Street or Town, State)	NJURY OCCI	URED Or Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
that Initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d	P/Outpatient 3 JURY bar) NJURY — At ho	DOA 4 28b. TIME C INJUR	Zet THER: Nursing F 28c. Y M 1 et, factory,	S. PLACE OF DEATH (INJURY AT WORK? YES 2 NO office date and place, and din, death occured at t	28f. LO	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I CATION (Street or Town, State)	NJURY OCCI	URED Or Rural Ro d.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Pute Number, and menner as stated.
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be 4 Medical Physics (Check only) 29a. CERTIFIER (Check only)	d	P/Outpatient 3 JURY bar) NJURY — At ho	DOA 4 28b. TIME C INJUR	Zet THER: Nursing F 28c. Y M 1 et, factory,	S. PLACE OF DEATH (Home 5 Realdenc INJURY AT WORK? YES 2 NO office date and place, and d	28f. LO	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I CATION (Street or Town, State)	NJURY OCCI	d. cause(a)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
that Initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetiant 2 E 28e. DATE OF IN (Month, Day, 28e. PLACE OF I building, etc.	R/Outpatient 3 JURY — At ho c. (Specify) y knowledge, de	DOA 4 28b. TIME C INJUR me, farm, stre	ZECTHER: Nursing F	S. PLACE OF DEATH (INJURY AT WORK? YES 2 NO office date and place, and din, death occured at t	28f. LO	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I CATION (Street or Town, State)	NJURY OCCI	d. cause(a)	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and menner as stated. Month, Day, Year)
that Initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN (Month, Day, etc.) 28e. PLACE OF I building, etc. SICIAN: To the best of my HER: On the basie of exercises. HO COMPLETED CAUSE 32. REGISTRAR:	R/Outpatient 3 JURY 'bar') NJURY — At ho c. (Specify) V knowledge, de mination and/or i	DOA 4 28b. TIME C INJUR The farm, streeth occurred in the course of the	20 THER: Nursing F 28c. Y M 1 et, factory, it the time, n my opinio	S. PLACE OF DEATH (INJURY AT WORK? YES 2 NO office date and place, and din, death occured at t	28f. LO	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I CATION (Street or Town, State)	NJURY OCCI	d. cause(a)	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and menner as stated. Month, Day, Year)

BALLIMORE, MARYLAND	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-ricurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.
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	5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal.	E

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENE REG. NO.	90 31956		
	1. DECEDENT'S NAME (First, Middle, Las Joseph Fus	Joseph Fusi	sell Joe	glein	, jr.	2. DATE OF DEATH 11 /6	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213_18_9655		(In yrs. last birthday) I	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Nov. 9, 1914	Maryland		
TOR		Fulston General Hospital Fulston Ha							
DIRECTOR	10a. STATE 10b. COUR	Ford County		rown on Locat	IDN		10d. INSIDE CITY LIMITS? 1 YES 2 ND		
FUNERAL	10s. STREET AND NUMBER 2811 Meredit	th Court		101	21009	10g.	U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, spi	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes or No n, Puerto Rican, etc.)			
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo retired.)	DN st of working	166. KIND OF BUSINESS			
₹	17. FATHER'S NAME (First, Middle, Last)	*	Gar Goy III.	211991	18 MOTHER'S NA	ME (First, Middle, Malden Surna			
	Joseph	F. Voc	eglein		Paulir		Gentry		
TO BE	19a. INFORMANT'S NAME (Typo/Print)	fe679_8334	19b. MAILING A			houte Number, City or Town, State			
	20a. METHOD OF DISPOSITION 1 ME Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amount from State	b. PLACE OF DISPOSITE other place)	ION (Name of cen	netery, crematory or	20c. LOCATIO	ON - City or Town, State ir, Maryland		
	21. SIGNATURE OF FUNERAL BERVICE					our Fun			
	De graphible	•		50 We	st Broad	lway & Willia rland 21014	ums Street		
	23. PART I. Enter the disesses, of shock, or heart failur IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. House But TO (OR AS	esch ilne.			s LEUK	Interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	TV.					
	PART II. Other significant conditi	one contribution to death	but not resulting in	the underlylo	n cause alves lo	Part I. 24a. WAS AN AUTO	DPSY 24b, WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	TAIL 6. COM SIGNICAL CONTRA	one continuing to death	out not resulting in	the diluenym	g cause given in	PERFORMED 1 YES 2 N	AMAILABLE PRIOR TO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
	1 YES 222NO 27. MANNER OF DEATH 1 Manual 5 Pending Investigation Investigation	130 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	26b, TIME	DF 28c. INJ	NURY AT ORK? YES 2 NO	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJUR	Y OCCURED		
TED BY	2/ Accident investigation 3 Suicide 6 Could not if 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, str	eet, factory, offic	•	281, LOCATION (Street and No City or Town, State)	lumber or Rural Route Number,		
COMPLETED	10.100.1101.117	YSICIAN: To the best of my know					es stated. e to the cause(s) and manner as stated.		
TO BE	BUN SIGNATURE AND TITLEY OF CERTIF	~ 8	m		29c. LICENSE NUI	20d	LITTO		
-	30. NAME AND ADDRESS OF PERSON	EMANDE	nD.	The min	Fis?	En mi	D1 57047		
	NOV 07	190 Suhia	NATURE Davidson-Ra	ndell					

and the second s Carlina Carrier was a fire e o recolus s First and the president pages and one the The second secon

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	
	1. OECEDENT'S NAME (First, Middle, Lest) FRANCIS	W.		VET
į	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yes last hirthday)	IE IINOE

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last) FRANCIS	W.	1	/ETTER		2. DATE OF DEATH DAY	Y549	3. TIME OF CEATH 0133 A
105 1/ 5005	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05–10–191	Coun	HPLACE (State or Foreign try)
99. FACILITY NAME (If not institution, give str Memorial Hospita		9		OR LOCATION OF DI		9c. COUNTY OF ALLEGA	DEATH
RESIDENCE OF DECEDENT							T
10a. STATE 10b. COUNTY			TOWN OR LOCA	ITION			10d. INSIDE CITY LIMITS?
WV Mineral 100. STREET AND NUMBER		Ridge		of, ZIP COOE		Ma CITIZEN OF	1 YES YNO WHAT COUNTRY?
Route 3 Box 415				6753		USA	WHAT COOKINT
11. MARITAL STATUS	12. WAS OECEDENT EVER	IN U.S. ARMED	1		NIC ORIGIN? (Specify Yes o		CE — American Indian, ck, White, atc.
1 Never Married 22 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 X NO	If yes, s		in, Puarto Rican, atc.)	Spe	ck, White, atc. city: vhite
15. OECEOENT'S EOUC (Specify only highest grade of		16a. OECEDENT'S US (Give kind of work life. Do NOT use r	UAL OCCUPAT	ION lost of working	16b. KINO OF BUSIN	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				T = 3 =3	- DI	3000 3 00
12		retired		T		e Pharn	nacols
17. FATHER'S NAME (First, Middle, Last) George Vetter				CASE CONTRACT	ME (First, Middle, Maiden St	urname)	
19a. INFORMANT'S NAME (Type/Print)		10h MAII INC AT	nosee /~	Anna C	eller Route Number, City or Town,	Shale 7in Cada'	
Mrs. Evelyn F. Ve	etter				Ley, WV 267		
20a. METHOD OF DISPOSITION 3 Burial 2 Cramation 3 Ramo		b. PLACE OF DISPOSIT				ATION — City or 1	Town. State
Burial 2 Cremation 3 Ramo	val from State	Hamptonbur	a Ceme	terv		bell Ha	
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME /	AND ADDRESS OF FA	CILITY		
23. PART/I. Enter the diseases, or co	carpel	Li	Cumb	erland, N			
Abock, or heert fellure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditiona, If any, leading to immediate cause. Emer UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	dir	(Try	fante		Interval Between Onset and Death
CAUSE (Disease or Injury that Initiated events resulting in death) LAST		A CONSEQUENCE OF):					
PART II. Other algorificent conditions	Ca d	/		ng cause given in	PERFORM	MED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED, TO MEDICAL EXAMINER?	HOSPITAL:	1		PLACE OF DEATH (C	neck only one)		
1 TES 2 NO	1 Inpatient 2 ER/Ou	tpatient 3 DOA 4			6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		AA A	IJURY AT /ORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	tY — At home, farm, str ec/fy)	eet, factory, of	ica	28f, LOCATION (Street an City or Yown, State)	nd Number or Rure	l Route Number,
enel constant	CAN: To the best of my kno						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER OCUSE CO. 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (TYPA, P	rint)	DI 4	865	DATE SIGNI	ED (Month, Day, Year)
DR. BARRERA MEN	MORIAK HOSPI	TAL MEDIC	AL BLD	G CUMBERI	UM UNA_		
NOV 1 3 1990 Julia	Day alon - Mande	DE UNE					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	U	3	9	J	Q

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO	_	0 31958
3	1. DECEDENT'S NAME (First, Middle, Last' REGINA	MAI	RY 1	/EDOR		2. DATE OF DEATH MONTH D	ñ-9ř	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE ((In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	209-22-1564	□ M 2 🔀 F	63 YRS.	MONTHS DAYS	HOURS MIN.	JAN. 26.		Country) PENNSYLVANIA
_	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION DF DE		9c. COUNTY	
AC I CH	WASHINGTON ADVE	NTIST HOSI	PITAL	TAK	OMA PARK		MONT	GOMERY
	10a. STATE 10b. COUNTY		10c. CIT	, TOWN DR LOCAT	rion			10d. INSIDE CITY
5	MARYLAND PRINCE	GEORGES		HYAT	TSVILLE			LIMITS?
ا ہ	10e. STREET AND NUMBER			10	, ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
CNE	6800 25th AV	ENUE				20782		USA
5		WAS DECEDENT EVER II	N U.S. ARMED			IIC DRIGIN? (Specify Yen, Puerto Rican, etc.)	or No- 14	RACE American Indian, Black, White, atc.
2	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR DR D.			2 NO Specify			Specify: WHITE
2	15. DECEDENT'S EDUCATION	ON	18a. DECEDENT'S	LIGHAL OCCUPATION	ON .	16b. KIND OF BU	DINESS (INDIA)	
<u> </u>	(Specify only highest grade com	pleted)		vork done during mo		166. KIND OF BU	SINESS/INDUS	INT
7	Elementary/Secondary (0-12) Co	oflege (1-4 or 5+)	SUPERVIS	SOR/ANAL	YST	F.B.I.		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
DE C	THOMAS LEONARD	VEDOR			MAR	Y	WAI	CHULIS
ם כ	19s. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a	and Number or Rural F	Route Number, City or Tox	m, State, Zip Co	ode)
-	GLORIA R. VEDOR	(SISTER)	6800 2	25th AVE	NUE, HYA	TTSVILLE,	MARYLA	ND 20782
	20a. METHOD DE DISPOSITION 1 ☐ Burial 2 ☐XCremation 3 ☐ Removal	from State	other place) METROPOL	SITION (Name of ce	metery, crematory or			y or Town, Stata
	4 Donation 6 Other (Specify)		METROPOL					A, VIRGINIA
ļ	21. SIGNATURE OF UNERAL SERVICE LICENS	20		FRANCIS J. COLLINS FUNE			RAL HO	OME, INC.
	Fray Jak	100	~					.SP., MD 20901
	23. PART i. Enter the diseases, or com- shock, or heart failure. List	plications that ceuse only one cause on a	d tha death. Do reach line.	ot entar the mo	de of dying, such	h as cardiac or resp	Iratory arres	t, Approximata
	IMMEDIATE CAUSE (Final disease or condition	Carlin	h. In	0.0044	Arna	0-		Onset and Death
	resulting in death) a	DUE TO, (OR AS	CONSEDUENCE OF	7:	1100			
z	national and the state of the same state of	Metarl	shi a	runom	a Hall	l Blad	der	
2	Sequentially list conditions, If any, leeding to immediate	PUE TO (OR AS	A CONSEDUENCE OF	j:	1.10-1	2 ~	1. TH	
3	CAUSE (Disease or Injury	yearns 1	A CONSEQUENCE OF	unom	2 yr 1.	near	nun	
HIFICATION	that initiated events resulting in death) LAST	mak h	OA -	·				į
<u> </u>	d	01 47 109 1N	79					
À.	PART II. Other aignificent conditions of	ontributing to death t	but not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AF PERFO	AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 TYES	2 000	OF DEATH?
T I						— I		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		
	EXAMINER?	OPPITAL:	patient 3 DOA	OTHER:	ne 5 🗆 Residence			
H	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
1	1 Natural 5 Pending 2 Accident Investigation	(MONIT, Day, 1602)	1146		YES 2 NO			
EDE	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe		street, factory, offic	DB	281. LOCATION (Street City or Town, State		Rural Route Number,
	4 Homicide determined			··-				
COMPLE	const ormy ac	N: To the best of my know						
5	2 MEDICAL EXAMINER: 0	In the basis of examination	on and/or investigation	n, in my opinion,	death occured at the	time, data and place, a	nd due to the (cause(s) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER WAR	mi MD(MO BARAL	L KARIN	D-18	895	29d. DATE 5	BIGNED (Month, Day, Year)
	76 10 Carroll	Avenue)	EATH (ITEM 27) (Type	Print)	Part	(, HD)	2091	2
	31. DATE FILED (Month, Day, Year) NOV 02 90	32. REGISTRAR'S SIGN	NATURE Midson Pand	400				
_			-					

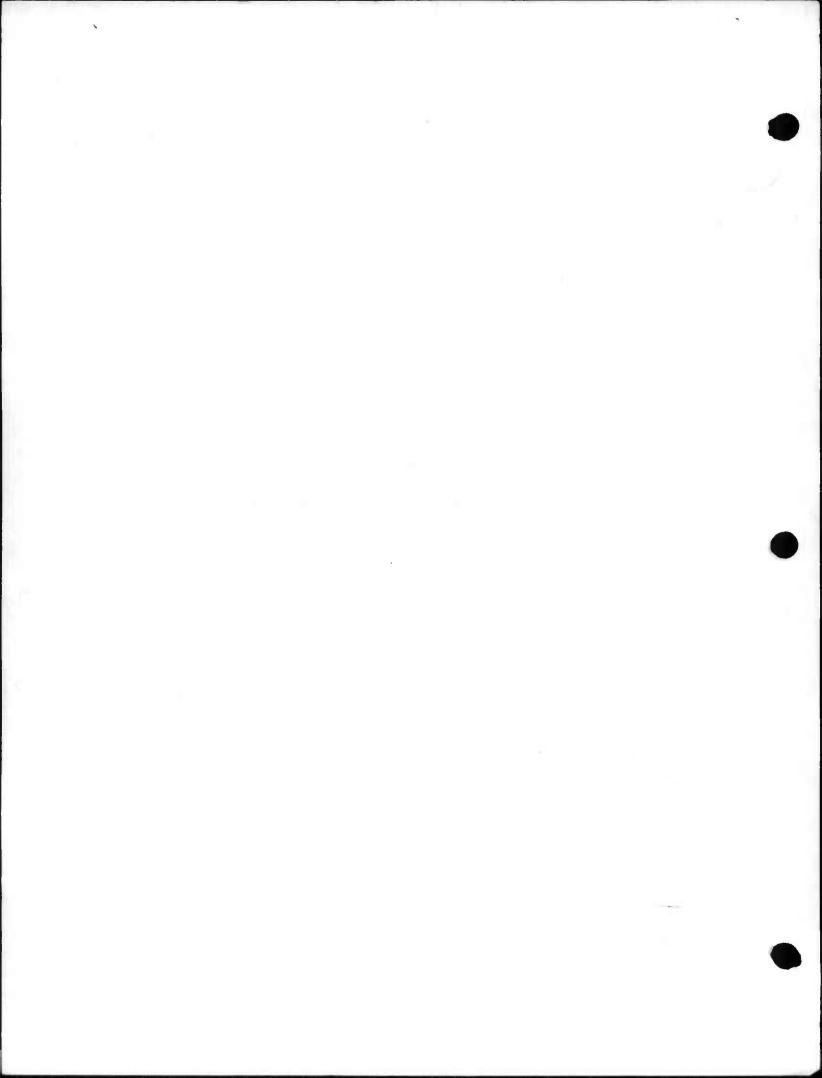
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician.

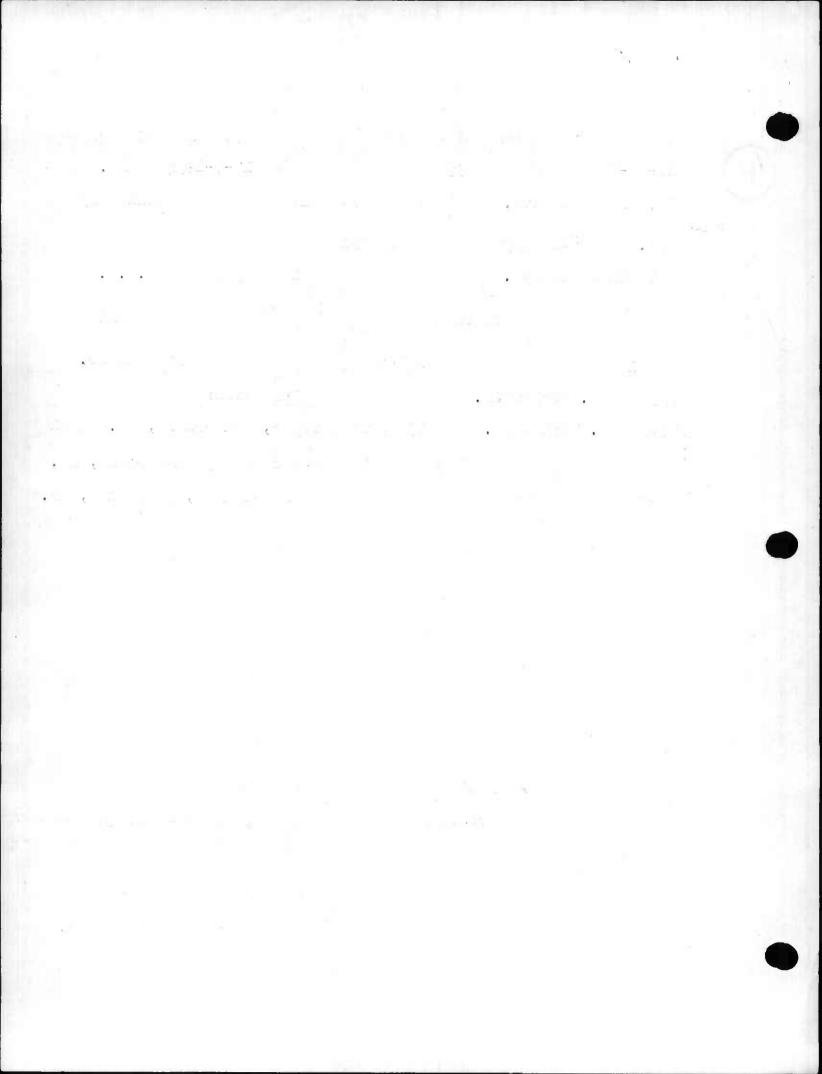
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 should be detached for use as the burial-transit permit. Pages 1, 2, 3 he filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146



1. DECEDENT'S NAME (First,	Middle_Last)	1	1	-		OF DEATH		E OF DEATH	0.		3. TIME OF DEATH	
Bruce	. Ko	nald	We	slo	w		MON	TH /	6 4	779	5:450	
4. SOCIAL SECURITY NUMB	ER		8. AGE (In yrs. In		IF UNGER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE	OF BIRTH		Counti	IPLACE (State of Foreign	
217-66-92		1 M 2 F	35	YRS.				2-7-1	954	1	id.	
9e. FACILITY NAME (If not in						OWN OR LOCATION OF	HTA		9c. COUN			
207 Alle	ndale	Ave.			I	a Vale	.		A	7776	gany	
10a. STATE	10b. COUNTY			10c. CITY	, TOWN OR I	OCATION					10d. INSIDE CITY	
Md.	All	egany		I	la Va	le					1 YES 2 NO	
10e. STREET AND NUMBER						101. ZIP CODE					WHAT COUNTRY?	
207 Alle	ndale					2150				J.S.		
11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDENT FORCES? THE IF YES, GIVE WAT			If ye	B DECENDENT OF HISP os, specify Cuban, Mexi-	en, Puerto		ea or No—		E — Americen Indian, k, White, atc.	
3 Widowed 4 M Divo	read		etnam		1 1	YES 2 XNO Spec	fly:				White	
15, DEC (Specify only	EDENT'S EDUC	ATION	16e. E	DECEDENT'S	ork done duri	IPATION ng most of working	16	b. KIND OF B	USINESS/IND			
Elementary/Secondary (0		College (1-4 or 5+)	- i	lfe. Do NOT use	e retired.)	ng most of working		Class	decise a d		. 0.	
12				Labo	orer				truct	CLOI	1 60.	
17. FATHER'S NAME (First, M.		- 3 T				18. MOTHER'S N			en Sumame)			
Mayford 190, INFORMANT'S NAME (7)		SLOW Jr		19h MAII INO	ADDRESS (C)	treet and Number or Rurs		vans	num Cana T	Code		
Mayford E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	low Tr		732	Hunt						a. 21502	
20s. METHOD OF DISPOSITI		TOM DI.	20b. PLAC	E OF DISPOS		of cemetery, crematory of			OCATION —			
23. PART . Entar the di	iseeses, or co	omplications that	coused the c	deeth. Do n	Du		ral				ourg, Md.	
23. PART 1. Enter the di shock, or hi IMMEDIATE CAUSE (find disease or condition resulting in desth)	eart fellure. L	omplications that list only one cause	e on each lir	ne.	Du ot enter th	rst Fune	ral	rdiac or res	piratory arr			
immediate cause (Fir disease or condition resulting in desth)	eart fellure. L	omplications that list only one cause	# on each lin	ne.	Du ot enter th	rst Fune e mode of dying, su	ral	rdiac or res	piratory arr		Approximate Interval Between	
shock, or himmediate CAUSE (Fir disease or condition resulting in desth) Sequentielly list condition if any, leading to immediately in the condition of the co	lons, diete	DUE TO (# on each lin	MALE	Du ot enter the	rst Fune e mode of dying, su	ral	rdiac or res	piratory arr		Approximate Interval Between	
shock, or himmeliate CAUSE (Firdisease or condition resulting in desth) Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injudice)	dons, diete	DUE TO (C	OF AS A CONS	EEOUENCE OF	Du ot enter the floor	rst Fune e mode of dying, su	ral	rdiac or res	piratory arr		Approximate Interval Between	
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DIRE	Nours	tem	
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UNE	vithin	ANT	
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2	Pe 1	E	
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine

REGISTRAR		IFICATE OF DEATH	REG. NO.	A STATE OF THE PARTY OF THE PAR						
1. DECEDENT'S NAME (First, Middle, Last) CHARLOTTE	CHARLOTTE WARD W.	ARD	2. DATE OF DEATH DAY	YEAR 9:30 A M						
4. SOCIAL SECURITY NUMBER 219-07-78.33	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE (Mor. O.) 1 - 0.7 - 78.33 1 - M 2 IF 70 YRS. MONTHS DAYS HOURS MIN. 0.3									
A . A	wring Home	Combudge	DEATH 80. COUNTY PO. COUNTY PO. 21613	orchester						
10e. STATE 10h. COUNTY	archestes (city, town or Location		10d. INSIDE CITY LIMITST 1 PES 2 NO						
To. STREET AND NUMBER 701 Race St. Camil 11. Marital Status	Da, Male	101, ZIP 00E		USA						
3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mex 1 YES 2 NO Spe	PANIC ORIGIN? (Specify Yes or No— Ican, Puerto Rican, etc.) city:	14. RACE — American Indian, Black, Whita, etc. Specify: Black						
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 6+) (Give kind life. Do NC	T'S USUAL OCCUPATION of work done during most of working IT use retired.)	16b. KIND OF BUSINESS/IND	USTRY						
Elementary	7 241									
Elementary 17. FATHER'S NAME (First, Middle, Last)	COOPER	16. MOTHER'S	NAME (First, Middle, Majden Surname)	ingham						
19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street and Number or Rur								
Levella O. Christi		E Gorgas La. Phi		out,						
20e_METHOD OF DISPOSITION 1		SPOSITION (Name of cemetery, cremetory of		City or Town, Stata						
21. SIGNATURE OF FUNERAL SERVICE LICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MODEL TO THE TANKE COMMON COM									
17. FATHER'S NAME (First, Middle, Last)	DUE TO (OR AS A CONSEQUENCE DU	E OF):	PEIMARY	Onset and Death I NLO						
8	d.									
ME ME	a contributing to death but not result	ng in the underlying cause given	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
Z 25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Chack only one)							
EXAMINER?	HOSPITAL:	OTHER:								
27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DC 26a. DATE OF INJURY (Month, Day, Year) 28b.	A 4 Manual Manua	28d. DESCRIBE HOW INJURY OCC	CURED						
3 Sulcide 6 Could not be determined	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, State)									
(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, death oc R: On the besis of examination and/or investi									
295 SIGNATURE AND TITLE OF CERTIFIER WE WANT AND ADDRESS OF PERSON WHO	showing 10.	29c. LICENSE	6609 11	E SIGNED (Month, Day, Year)						
WICHAEL A	COMPLETED CAUSE OF DEATH (ITEM 27)	MD. 503 1	34en ST. CAMI	Beide 21613						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE									

Time to the second of the seco 0

ecuted within 24 hours after death. Page 6 may be retained by the hosp	nd completely filled in by the funeral director page 5 should be detaches burial, cremation, or removal.	tilc event, the medical examiner must be notified at once.	100 14 01
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after beath. Page 6 may be manned by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE OWNER OF THE PARTY OF TH

	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL HYGI REG.		90	31961
	1. DECEDENT'S NAME (First, Middle, Last) ANNA	W	EINTR	iuk	5				2. DATE OF DEAT MONTH	DAY 2/90	YEAR	3. TIME OF DEATH 2:49 P. M
	4. SOCIAL SECURITY NUMBER 083-09-5417	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day Yea 8/8/07		8. BIRTHI Country RU	PLACE (State or Foreign SSIa
NO.	9a. FACILITY NAME (If not institution, give st Washington Adven		pital				Par		EATH		unty of or ontgo	
DIRECTOR	nesidence of decedent 100. STATE Maryland 10b. COUNTY	Montgome	ry		v, town o							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL (100. STREET AND NUMBER 6121 Montrose Rd	•		I		101	zip cod	€ 0852		10g. CI	TIZEN OF W	HAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 A	MED 40		If yes, sp		ın, Mexica	NIC ORIGIN? (Specifin, Puerto Rican, etc y:		14. RACE Black, WIN I	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	cedent's we kind of Do NOT u	work done se retired.)			ng	Garme	nt In		у
BE CON	17. FATHER'S NAME (First, Middle, Lest) Jacob Mittelman								ME (First, Middle, Me n Haberma			
TO B	19s. INFORMANT'S NAME (Type/Print) Sylvia Zuckerman		19						Route Number, City of York,		210 Code) 0956	
	20a_METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remote 4 Donation 6 Other (Specify)	oval from State	20b. PLACE Ceda1	of dispo	rk Cemetery 20c. LOCATION - City or Town, Siete Emerson Twp, New Jersey							
2	21. SICHATURE OF TONERAL SERVICE LIC	ENSEE	fone	7	Danzansky-Goldberg Memorial Chape: 1170 Rockville Pike, Rockville, M			pels MD 20852				
	23. PART I. Enter the diseases, or complications that caused the death. Do not effer the mode of dying, euch es cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel											
	disease or condition resulting in death)	DUE TO	OR AS A CONSE	QUENCE C		re	1	f)				tenminute
ATION	000000111011						utery alsease					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	PF):				_			
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY PINDINGS								AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	HOSPITAL:	FR/Outpatient :	I DOA	OTHE	R:			heck only one)			
Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE Of (Month, I	INJURY	26b. TR		28c. IN.	JURY AT DRK?		28d, DESCRIBE H		OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At he etc. (Specify)	ome, farm,	M 1 YES 2 NO 1a, farm, street, factory, office 28f. LOCATION City or Town			26f. LOCATION (S City or Town,	reet and Numi State)	ber or Rural R	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE) and manner as stated.
96	THE BIGHATURE AND TITLE OF CERTIFICATION	quea	d				29c. LIC	ENSE NU	MBER /	29d. D	ATE SIGNED	(Month, Day, Year)
26. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									1			

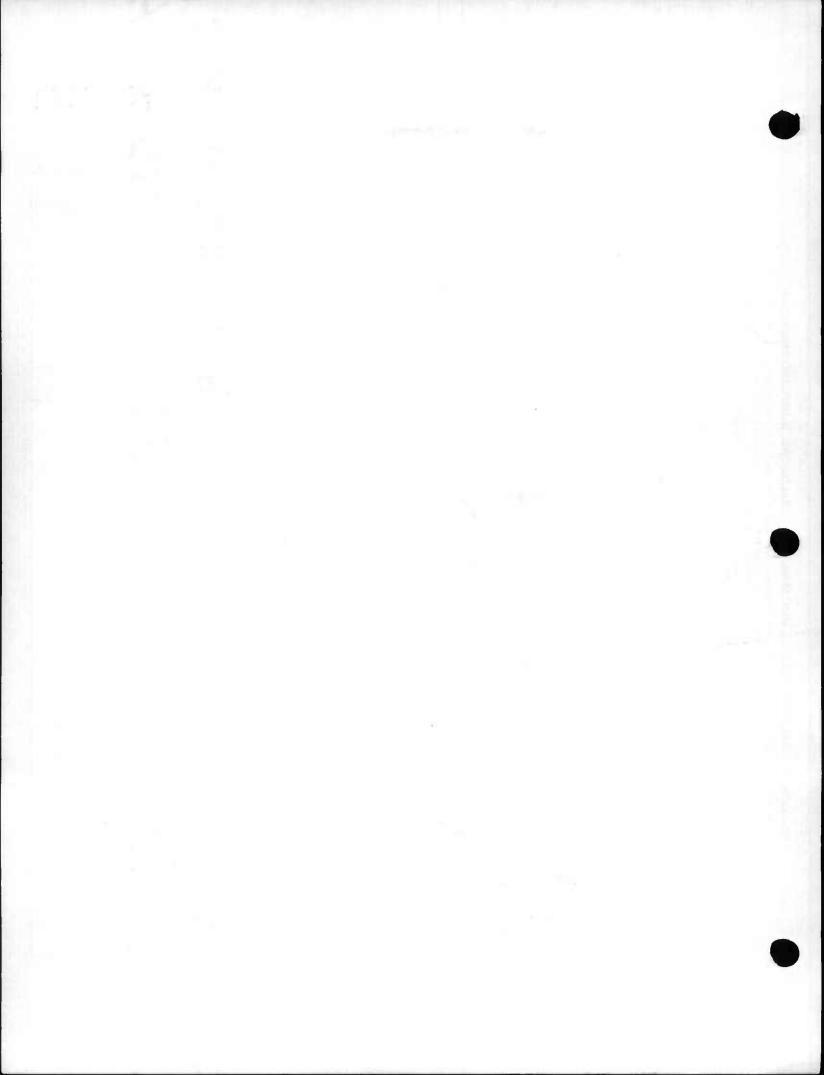
32. REGISTRAR'S SIGNATURE
Julia Saindson-Randell

31. DATE FILED (Month, Day, Year)
NOV 05

transit permit. Pages 1, 2, 3 should

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incur steer death. Page 6 may be retained by the hospit
DALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, F.O. BOX 13148,

FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	- U	0 31962			
1. DECEDENT'S NAME (First, Middl	Caroline Louis	e Wiltberge	er	2. DATE OF DEATH MONTH D	AY YEA 2, 1990	A 1			
4. SOCIAL SECURITY NUMBER 578-05-7819	6. SEX 6. AG		UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 5,18	Co	HTTHPLACE (State or Foreign burntry) shington, D. C			
9a. FACILITY NAME (If not institution FOX Chase N	ursing Home		CITY, TOWN OR LOCATION OF C Silver Spring	DEATH	9c. COUNTY O	gomery			
Fox Chase N RESIDENCE OF DECEDE 10a. STATE 10b. None	NONE		wn or Location		-5	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
10e. STREET AND NUMBER 3126 N Street 11. MARRITAL STATUS	N.W.	'	101. ZIP CODE 20016			of what country?			
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	3 2 X NO	13. WAS DECENDENT OF HISPA If yea, specify Cuben, Maxic 1 — YES 2 NO Spec	an, Puerto Rican, etc.)	s or No— 14. F	RACE - American Indian, Black, White, atc. Specify: White			
(Canally ank bloke	"S EDUCATION st grade completed) College (1-4 or 5+)		done during most of working ired.)		SINESS/INDUSTR	sfer Co.			
17. FATHER'S NAME (First, Middle,		Bookke	18. MOTHER'S N	AME (First, Middle, Meiden	Surname)	sier Co.			
190. INFORMANT'S NAME (Typer/Pri	nt)		PRESS (Street end Number or Rural ttail Court F		vn, Stete, Zip Code				
20e. METHOD OF DISPOSITION 11 Note of the second se	☐ Removal from Btate	Ob. PLACE OF DISPOSITIO	N (Name of cometery, cremetory or	20c. LC	shingto	or Town, State			
21. SIGNATURE OF FUNERAL BER	Ponetion 5 Other (Specify) Rock Creek Cemetery Washington, D.C. 21. SIGNATURE OF FUNERAL BERVICE LICENSEE Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 2081								
shock, or heart of the state of	a.	eech line.	arrest			Interval Betwee			
PART II. Other algniffcant co	nditions contributing to deeth	but not resulting in ti	ne underlying ceuse given i	n Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEI EXAMINER? 1 YES 2 KNOO 27. MANNER OF DEATH	HOSPITAL:	utnetlant 3 🗆 DOA	26. PLACE OF DEATH (C						
	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME OF							
3 Suicide 6 Could 4 Homicide determ	Dullging, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)			
29a. CERTIFIER (Check only one) 1 🖾 CERTIFYIN 2 🔲 MEDICAL	G PHYSICIAN: To the best of my kn					uee(e) and manner as stated.			
29a. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE OF C		m	29c. LICENSE N	UMBER	29d. DATE SIGNED (Month, Day, Year) November 2, 199				
	SON WHD COMPLETED CAUSE DF								
John F. Taube	32. REGISTRAR'S SI		Avenue, Bethe	sua, Maryla	and 208	314			



d by the temperal or attending physician.	d be official for use as the burial-transit of)	d at once.
urs after death. Page 6 may be retain	ly filled in by the funeral director, page 5 sho	ation, or removal.	the medical examiner must be notifi
equires that the death certificate be executed with	an signed by the attending physician and completely	of Health and Mental Hygiene prior to burial, crema	hows any injury, or other traumatic event,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the most after death. Page 6 may be retained by the rectaining entitioning physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the signed by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		90 31963				
		NT OF HEALTH AND MENTAL HYGIENE FE OF DEATH REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Loo) A Man A A A A A A Wait	2. DATE OF DEATH MONTH DAY Q VEAR 3. TIME OF DEATH MONTH DAY Q O TO A M				
	4. SOCIAL SECURITY NUMBER 2 20-30-3844 1 Max 1 F M 2 P P P P P P P P P P P P P P P P P P					
1		ITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
10H	ANNE ARUNDEL MEDICAL CENTER	magin ADCO,				
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN	N OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO				
		A P O I. T S 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?				
FUNERAL	1422 SHOT TOWN ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1	2 1 4 0 1 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian,				
BY FU		If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 ☐ YES 2X NO Specify: Specify: Specify:				
		OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) Collage (1-4 or 5+)	d.)				
		18. MOTHER'S NAME (First, Middle, Malden Surname)				
BE	19a INFORMANT'S NAME (Type/Print) 19b MAILING ADDR	CATHERINE STEVENS ESS (Street and Number or Pural Poute Number, City or Town, State, Zip Code)				
유	MEVERTIN ROSERSON 1422 C	SHOT TOWN RD. ANNAPOLIS, MD. 21401				
	Mariel 2 ☐ Cremetion 3 ☐ Removal from State other place)	(Name of cametery, cramatory or 20c. LOCATION — City or Yown, State RY CHHRCH CEME. ARNOLD, MARYLAND				
		22. NAME AND ADDRESS OF FACILITY 21 WEST STAANNAPOLIS				
		REESE & SONS MORTUARY, P.A.				
	23. PART I. Enter the disease, or complications that caused the death. Do not en ahook, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) a.	Approximate interval Between Onaet and Death				
	DUE TO (OR AS A CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate					
FICA	cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):					
Ë	resulting in death) LAST					
PHYSICIAN: MEDICAL C	DEST II Cities electrical and the contribution to death but not require to the	24a. WAS AN AUTOPSY PROFINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO 1 VES 2 NO				
CIA	25. WAS CASE REFERBED TO MEDICAL EXAMINER? HOSPITAL: OTH	26. PLACE OF OEATH (Check only one)				
HYS	1	Nursing Home 5 Residence 8 Other (Specify) 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED				
ВУ Р	Accident investigation	WORK? 1 YES 2 NO				
	3 Suicide 6 Could not be datarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the control of the basis of examination and/or investigation, in recommendation of the basis of examination and/or investigation, in recommendations are control of the basis of examination and/or investigation, in recommendations are control of the basis of examination and/or investigation.	the time, data and place, and due to the cause(a) and manner as stated. my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.				
BE	296, SIGNATURE AND THILE OF CERTIFIER	29c. LICENSE NUMBER DRUJS 29d. DATE SIGNED (Month, Day, Year) (A-O (-90)				
5	ERROL-A-GhillpmQ, 1435 R	med Dr. onnaph mg21401				
	31. More May 1990 Julia But dissent State of the					

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

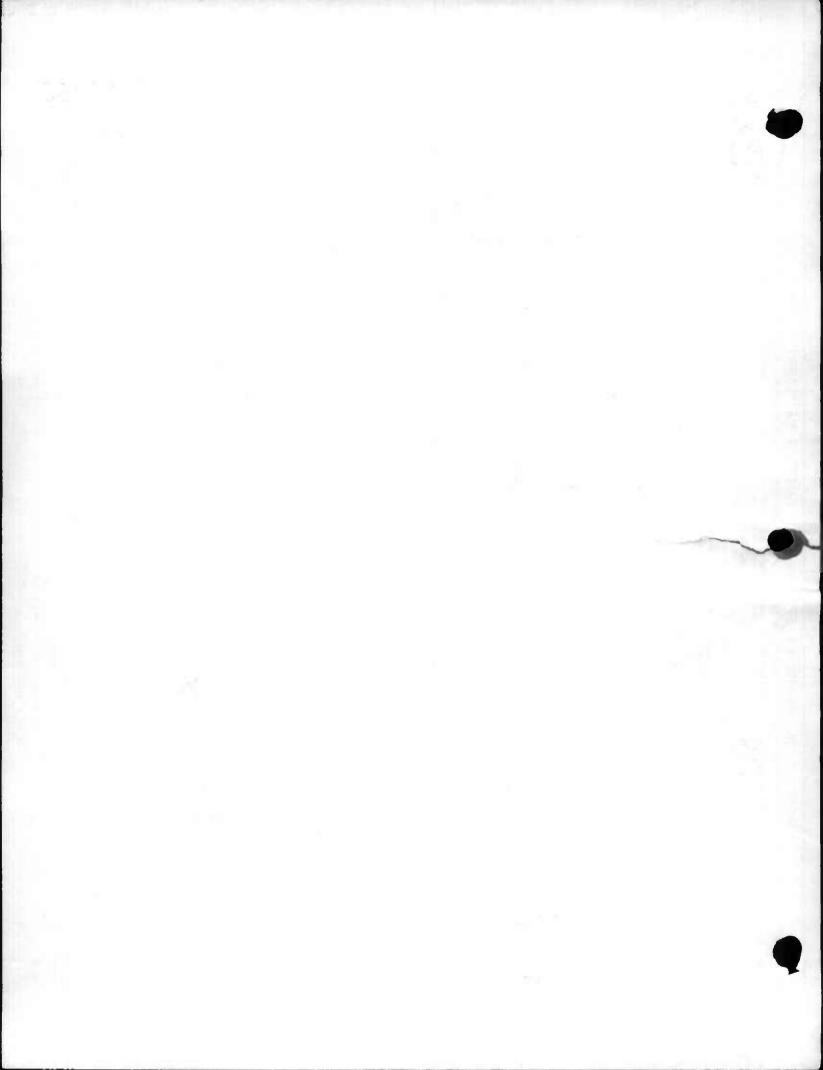
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S	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
net)		2 DATE O	EDEATM

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM				HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Brigi	id.	P. 1	Wheeler	£	2. DATE OF	L-90 DAY	YEA		:32AM M
	219-13-4898	□ M 3KSK F	18 YRS. MOR	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		12-19	972 M	ary.	E (State or Foreign
OB	99. FACILITY NAME (If not Institution, give street University Hospita		9b.		n Location of DE			9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE Maryland Howa	rd	10c. CITY, TO	Colum						INSIDE CITY LIMITS? YES 2 \(\square\) NO
FUNERAL	10e. STREET AND NUMBER 5641 Columbia	Road			ZIP CODE 31044		= 1	10g. CITIZEN		COUNTRY?
BY FUN	11. MARITAL STATUS 12. 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2- NO	II yes, spe	ENDENT OF HISPAN celfy Cuben, Mexica 2 NO Specify	n, Puerto Rici				merican Indian, Ne, etc. lite
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)	ON ploted) ollege (1-4 or 5+)	(Give kind of work IN. Do NOT use rei	done during mos	N at of working	16b. K	S c l	iess/industr	RY	
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mid	ldle, Melden Su	imame)		
ш	Patrick Fran	cis Wheele	er		Diar	na Ly	nn Ph	nilli	ps	
TO B	190. INFORMANT'S NAME (Type/Print) Patrick F. Whee	ler			ia Rd.					14
	20s, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	Irom State	PLACE OF DISPOSITION PLACE OF DISPOSITION PLACE OF DISPOSITION TO THE PLACE OF THE	Neme of con	tery			ition – city i.d.s o n		le, Md.
	21. SIGNATURE OF FUNDAL SERVICE LICENS	vuner)			r Funer		hapel	l Ann	apo.	lis,Md.
								Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL	PART II. Other significant conditions of	ontributing to death bu	t not resulting in t	he undariyin	g cause given in		4a. WAS AN A PERFORM	ED?	CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXAMINER?** **EXXYES 2 NO	OSPITAL: XInpatient 2 □ ER/Outpe	Nort 2 DOA	THER:	ACE OF DEATH (Ch					
H	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME O	F 26c, INJ	URY AT		RIBE HOW IN	JURY OCCUR	ED	
BY	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	Investigation 28s, PLACE OF INJURY — At home, farm, street, fa			AM 1 yes 2 MX Dog in			auto/auto impact		
TEC	4 Homicide determined	building, atc. (Specif		oad		Litt	le Pat	uxent	Pkw	Y., CO.MD.
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C	N: To the best of my knowle On the basis of examination							use(e) en	
TO BE C	286) SIGNATURE AND TITLE OF CERTIFIER	oll D	N		29c. LICENSE NU			29d. DATE SP	GNED (MO	
F	MARIO F. GOLLE Jr				n Street	.Balt	imore.	MD 21	201	v
		HEGISTRAN SIGNA				, 2012 0				

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death catificate be excelled with the Hospital or attending the properties of the	BALTIMORE, MARYLAND 21203-3	was after death. Page 6 may be retained by the hospital or attendi	med in by the funeral director, page 5 should be detached for use as to man, or removal.	the medical examiner must be notified at once.
1 -1	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exeatled with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement of health and Mental Hygiene prior to build, creming the fleet within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to build, creming	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event. The medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARY		/ DEPART			MENTA	L HYGIEN REG. NO	_	90	31965
	1. DECEDENT'S NAME (First, Middle, Leet) 1. L L M 4. SOCIAL SECURITY NUMBER	William F:	ER	ICK	edman WE F UNDER 1 YEAR	DMAV IF UNDER 24 HRS.	7. DATE	OF BIRTH	7 7	NEAR 70	TIME OF DEATH 6 3 7 M ACE (State or Foreign
	108-26-8835 9a. FACILITY NAME (If not institution, give as	1 M 2 F	70	YRS.	ONTHS DAYS	OR LOCATION OF DE	/	th, Day, Year) スフ	9c. COUNT	Penn TY OF DEAT	sylvania H
	SOON BANGOR DR KENSING-TON MONT ESIDENCE OF DECEDENT 106. COUNTY 106. CITY, TOWN OR LOCATION									OMBRY	
									LIMITS?		
	5002 BAI	VG-OR			13. WAS DE	208	NIC ORIG	IN? (Specify Ye			American Indian,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TY	R DATES		1 🗆 YE	pecify Cuben, Mexica S 2 📉 NO Specif	у:			Specify:	White
	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)		16a.	DECEDENT'S UP (Give kind of wo life. Do NOT use Libra	rk done during n retired.)	ION lost of working		Nation of Med	al Lil		
	17. FATHER'S NAME (First, Middle, Last) Eugene G. Wiedn	nan		HIDE	LIUII	18. MOTHER'S NA	ME (First,		Surname)	6	
	19a. INFORMANT'S NAME (Type/Print) J. Robert Carey				,	and Number or Rural					20901
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremation 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		othe	r place)	Crema	torium,			thesd		ryland
	+ Sthy 17	1		689	Rober Bethe Avenu	t A. Pum sda-Chev e, Bethe	phre y Ch sda,				Wisconsin -3501
	23. PAFIT i Enter the diseases, or condition. **MEDIATE CAUSE (Final disease or condition	List only one cause o	n aach	lina.		2 -0.000			iratory arra	eat,	Approximate interval Between Onset and Death
	resulting in dasth)	a. MYUCAT DUE TO (OR I	S A CON	ISEQUENCE OF	INF	ARCTIO	ali	7 00			ACUTE
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST	DUE TO (OR /	AS A CON	ISEQUENCE OF)		JENON,					170081
	PART II. Other significant condition	URTITIC		ot resulting in	the underly	ng cause given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 ☐ NO	HOSPITAL:	Ordnetics		OTHER:	PLACE OF DEATH (C					
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJU (Month, Day, Ye	RY (47)	28b. TIME	OF 28c. I	NJURY AT VORK? YES 2 1 NO	28d. D	ESCRIBE HOW	FLOC	R	to Number
,	3 Suicide 6 Could not be detarmined 29a. CERTIFIER 1 CERTIFYINO PHYS	building, stc. (Specify)				CI	CATION (Street ty or Town, State	10		no manueli,
	one) 2 MEDICAL EXAMINE	ICIAN: To the beat of my k				death occured at the	e tima, de				and manner as stated.
	296. SIONATURE AND TITLE OF DERTIFIE 30. NAME AND ADDRESS OF PERSON WH	mele	DEATH	(ITEMAT) (Type. I	(1)	29c. LICENSE NU	S C		29d. DATE	SIONED (A	6/50)
	31. DATE FILED (Month, Day, Year)	MAYLE (20	o Wi	SCANL	in Aves	1	SOTI	185	M	MD 20819
	NOV 05 "90	guha.	David	son-Rand	RECE						



BALTIMORE, MARYLAND 21203-3146	LL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
. BOX 13146,	rtificate be executed within a	ig physician and completely i	**
RECORDS, P.O.	aw requires that the death ce	s been signed by the attendir ept. of Health and Mental Hyy	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The I	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I P hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	

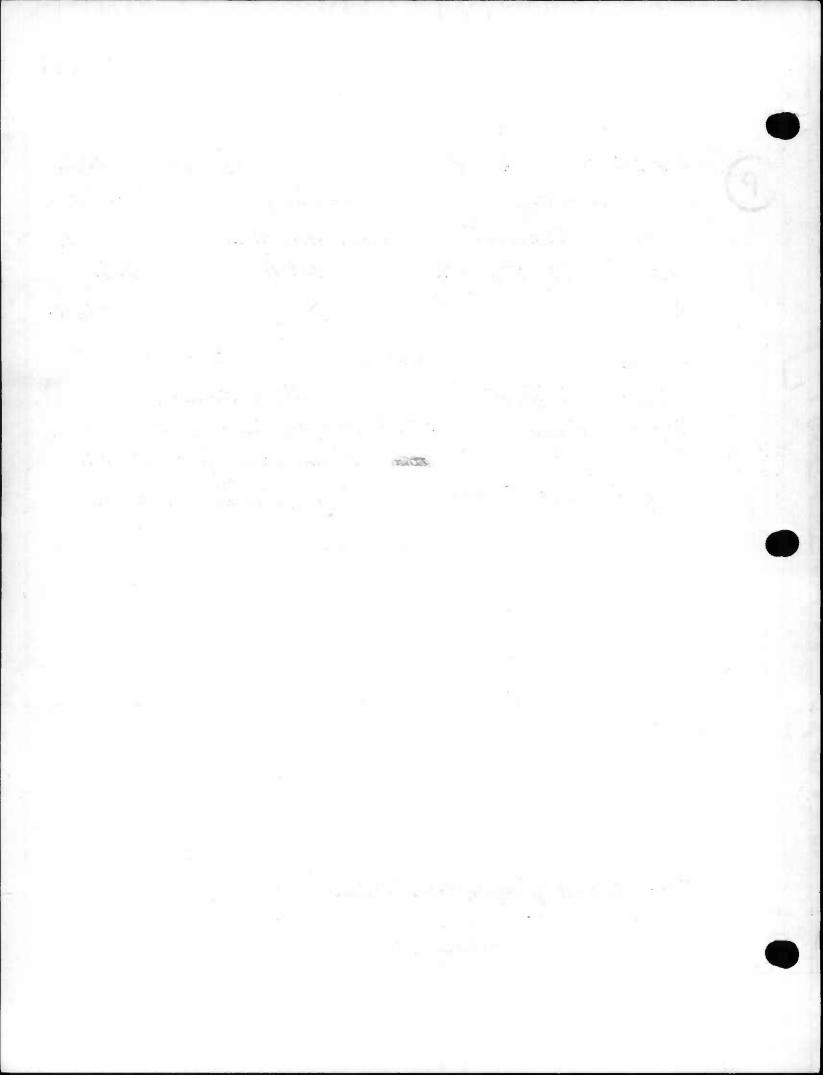
90 3196	6
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		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	TMENT OF HEALTH AND I CATE OF DEATH	MENTAL HYGIENE REG. NO.	90 31966				
		1. DECEDENT'S NAME (First, Middle, Last)	V A. Welliam	25	2. DATE OF DEATH MONTH DAY					
(P.)		4. SOCIAL SECURITY NUMBER 216-12-1167	5. SEX 6. AGE (In yrs. last birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-7-190	8. BIRTHPLACE (State or Foreign Country)				
3 str	A.	9a. FACILITY NAME (If not institution, give st	meet and number) MANOT	96. CITY, TOWN OR LOCATION OF DE		Sc. COUNTY OF DEATH				
ages 1,2,	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION	1	10d. INSIDE CITY LIMITS?				
physician. burial-transit permit. Pages		10e. STREET AND NUMBER	merset)	MARION M	d Ca	1 ☐ YES 2 NO 109. CITIZEN OF WHAT COUNTRY?				
sician. ial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica		or No- 14. RACE — American Indian, Black, White, etc.				
tending pthy as the bur	B⊀	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specify		specify: Black				
ital or atte	LETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	Cotlege (1-4 or 5+) (Give kind of with Do NOT up	71944	166. KIND OF BUSI	Food				
by the hospital or att be detached for use at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	411	18. MOTHER'S NA	ME (First, Middle, Maiden S					
nours after death. Page 6 may be retained by the hospital or attending physician, ed in by the funeral director, page 5 should be detached for use as the burial-tran, or removal, medical examiner must be notified at once.	TO BE	19e. INFORMANT'S NAME (Type/Print)	11	ADDRESS (Street and Number or Rural I	Relate Number, City on Town	State, Zip gode)				
ector, page t must be n		20a. MeTHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	ovet from State 20b. PLACE OF DISPOS	SITION (Name of cemetery, crematory or	20c. LOC MA	ATION — City or Town, State				
death. Page 6 m tuneral director, I. examiner musi		4 Oonetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	22. NAME AND ADDRESS OF FA	CILITY	41100 1110,				
rours after dea d in by the fur or removal.			complications that caused the death. Do n	ot antar tha moda of dying, suc	h aa _\ cardiac or reapir	atory arrest, Approximate				
ion in		iMMEDIATE CAUSE (Final disease or condition	List only one cause on each line.	u love		interval Between Onset and Daath				
요 등 등 등	7	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF	Time Carl Do	evre					
or cian	ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF							
ending Hygie or oth	ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST								
by the atter and Mental y injury, o	O	PART II. Other significant condition	a contributing to death but not resulting i	in the underlying cause given in	Part I. 24a, WAS AN / PERFORI					
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to THE FUNEPAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any I	MEDICAL				1 _ YES 2	1 YES 2 NO				
The law ate has be tate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26, PLACE OF DEATH (CA	eck only one)					
IYSICIAN is certific ith the S ed, or I	PHYS	1 VES 2 NO 27. MANNER OF DEATH	1	4 Mursing Home 5 Residence E OF 28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED				
NDING PI- R: After the er death w	ВУ	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street a City or Yown, State)	nd Number or Rural Route Number,				
DIRECTO hours aft	COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, death occurr	ed at the time, date and place, and due	to the cause(a) end man	ner se stated.				
HOSPITAL UNERAL VITHIN 72	COMI	one) 2 MEDICAL EXAMINI	ER: On the basis of examination end/or investigation							
O THE P o THE P e filed v	BE (29b. SIGNATURE AND TITLE OF CERTIFIE	Ghell his	29c. LICENSE NU	SV81	29d. DATE SIGNED (Month, Day, Year)				
=	10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITEM 27) (15/00)							
v.		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFICA	ATE OF I	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)	C.				2. DATE OF DEATH	AY, YEA	3. TIME OF DEATH			
Beulah 4. SOCIAL SECURITY NUMBER		Waters				1990	0320 м			
216-09-9781	1 🗆 M 2 💢 F	YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 28 - 19	910 0	RTHPLACE (State or Foreign ourstry)			
	90. FACILITY NAME (II not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH SALIS BUTY WICOMICO RESIDENCE OF DECEDENT									
10a, STATE 10b, COUNT S	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION , 10d.									
	Rt-1 Box 97 STA- RT. 21871 U.S									
3 Wildowed 4 Divorced	IF YES GIVE WAR OR DATES 1 VES 2 08 NO CORONO									
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)	e completed)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	AL OCCUPATION done during most fred.)	of working		SINESS/INDUSTR	Y			
Elementary/Secondery (0-12)	College (1-4 or 8 +)	LADO				Food				
17. FATHER'S NAME (First, Middle, Last)	ittington			18. MOTHER'S NA	ME (First, Middle, Malder	/				
100. INFORMANT'S NAME (Type/Print) DIANE IDATE	F <	RT-1 B	PRESS (Street end		della Su	rn, State, Zip Code	21837			
20c METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	b. PLACE OF DISPOSITIO other place)		tery, crematory or	20c. LC	CATION - City of				
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 7	0	22. NAME AND	ADDRESS OF FA	CILITY 1/)		0.6			
23. PART I. Enter the diseeses, or	complications that cause	d the deeth. Do not	enter the mod	e of dving, sug	735 FINAE /	1 94	1853			
shock, or neart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on o	sclerotic					Interval Between Onset and Death			
resulting in deeth)		A CONSEQUENCE OF):	Carui	ovasci	inar Dise	ase	years			
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	If eny, lesding to immediate									
Sequentielly list conditions, if eny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Diseess or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
	ns contributing to death	but not requiting in th	a undedular	seuse sives in	Dant i Dr. MBOA	LAUTTOREY T	DAL MERE ALTONOU EMIRINO			
PART II. Other significant condition	to destin	out not resulting in the	ie underlying	cause given in	Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Z 25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out		HER:		6 Other (Specify)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	RY AT K?	28d. DESCRIBE HOW INJURY OCCURED							
a Calife	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree	- At home, farm, street, factory, office 281, LOCATION				ON (Street and Number or Rural Route Number, bwn, State)			
5 000	BICIAN: To the best of my know						rse(a) and manner as stated.			
	iR .			29c. LICENSE NU	MBER	29d. DATE SIG	NEO (Month, Day, Year)			
Thomas C Hill 30. NAME AND ADDRESS OF PERSON W		Medial Exa		D 0800	8	▶10/2	28/90			
Thomas C. Hill	HO COMPLETED CAUSE OF O		nt)	, Sali	sbury, N	1d. 218	301.			
31. DATE FILED (MODITI), Day, Year)	32. REDITTAR'S SIG	NATURE MANDELLE								



1990 YEAR

9c. COUNTY OF DEATH

1957

7. DATE OF BIRTH (Month, Day, Year) April 19,

3. TIME OF DEATH

A

12:30

8. BIRTHPLACE (State or Foreign Country)

Michigan

4. SOCIAL SECURITY NUMBER

376-70-2178

9a. FACILITY NAME (ti not institution, give street and number)

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

Jr.

John

Michael

5. SEX

1 M 2 | F

Walsh,

YRS.

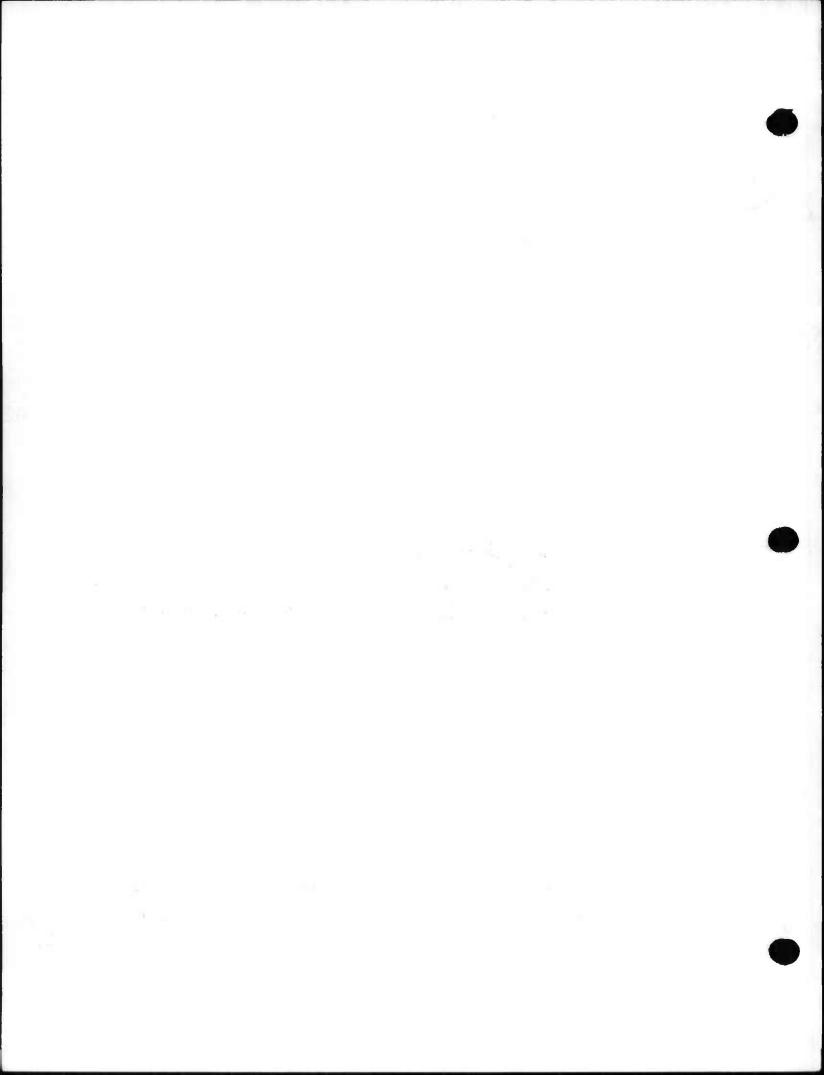
6. AGE (In yrs. last birthday)

33

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	RECTOR	8908 Colesville Road					Silver Spring				Montgomery	
es 1	(Y	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY	
Sedener.	뚬	Maryland Montgomery				Silver Spring				LIMITS? 1 ☐ YES 2 💢 NO		
Sermi.	뒿	100. STREET AND NUMBER					Ť	101. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?	
neit p	ER	8908 Colesv	ille R	oad				209	910	Uni	ted States	
for use as the burial-transit permit.	BY FUNERAL	11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			2 X NO							
Se as	ETED		EDENT'S EDUC			ECEDENT'S USUAL OCCUPATION Sive kind of work done during most of working			16b. KIND OF BU	b. KIND OF BUSINESS/INDUSTRY		
tor us	9	Elementary/Secondary (0	1	College (1-4 or 5+)		o NOT use ret		mod or violang				
ched c	COMPL			7		Lawyer	2		Law /		ics	
detach once.	8	17. FATHER'S NAME (First, M						17.	E (First, Middle, Maider			
ad be	BE	Michael J		LSh	T				izabeth			
5 should notified	2	19a. INFORMANT'S NAME (1	. South					et and Number or Rural Ro			The second secon	
be n		20a. METHOD OF DISPOSIT		Lac			_	ille Road,			ring, MD 20910	
must		1 Donation 5 Other	n 3 🗆 Remo	oval from State	other place	an Cre					Spring, Maryland	
direct m		21. SIGNATURE OF FUNERA			ubul b	air Cr	22. NAME	AND ADDRESS OF FACI	LITY			
e funeral din I. examiner		· Con	4	1 Page				p Funeral				
the food.	-	no DART I Enter the d	NE	V. Cago	<i>P</i>	th Do not		Gist Aven				
lled in by th n, or remova e medical		23. PART I. Enter the diseases, or complications that death. Do not siter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel										
mation,		disease or condition										
ompletel al, crema event,												
ending physician and c if Hygiene prior to burit or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST D. CNS Lyunghoma 2 mos, DUE TO (OR AS A CONSEQUENCE OF): ACQUIFCD Immuno deficiency Syndrome (AIDS) 1 yrs DUE TO (OR AS A CONSEQUENCE OF): d.										
oen signed by the att of Health and Menta shows any injury,	MEDICAL C	PART II. Other significa	ant condition	s contributing to deeth	but not re	sulting in t	he undari	ying ceuse given in P		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO	
pt. of 3 sh												
State Dept State Dept Item 23	SICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		1~	26 THER:	. PLACE OF DEATH (Chec	ck only one)			
he Str	YSI	1 TYES 2 X NO		1 Inpatient 2 ER/Ou		DOA 4	☐ Nursing	Home 5 X Residence 8				
offer this ce eath with the marked,	ву РНУ	27. MANNER OF DEATH 1 X Natural 5 2 Accident	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME O		INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OC	CURED	
s after dean 28 is m	ETED B									r or Rural Route Number,		
TO THE FUNERAL DIRECTOR: After to fied within 72 hours after death IMPORTANT: If item 28 is man	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
With Mith	Ü	296. SIGNATURE AND TITLE	E OF CERTIFIE	R /				29c. LICENSE NUM			TE SIGNED (Month, Day, Year)	
De file	TO BI	30, NAME AND ADDRESS O	E PERSON WH	WALLET CALISE OF C	m (TEM	27) (Type, Pri	ot)	14230	W.V.	▶ /.	1-5-90	
		VWYIN	flam	W/ SON 1	ydy.		240	N14 9	000 Rec	10;/19	PH BEXLESO	
		31. DATE FILED (Mohiti, Day,	5 90	32. REGISTRAR S SIC	HOLSON-	Pande De		, , , ,			MD.	
											DHMH-18 Rev 1/89	



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9	9	POL	He
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
SS	SIN	THE STATE OF	AM
FH	FF	% p	HT
E	H	fle file	AP
2	2	8	=

1 - STATE REGISTRAR		STATE OF M				HEALTH AND	MENIA	REG. NO.	91	0 3	1969
1. DECEDENT'S NAME (F	irst, Middle, Last)	EDNA			TT.L.T.			OF DEATH ()/31/	20 3.	TIME OF DEATH 10:
Folia	F.	WITTE	2ms				MONT) 3	19	YEAR	1010P M
4. SOCIAL SECURITY NU	IMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	BIRTHPLA	NCE (State or Foreign
426-20-2	743	1 □ M 2 🔀 F	66	YRS.	ONTHS DAYS	HOURS MIN.	DE	C.3,19	23	MTSS	SISSIPPI
9e. FACILITY NAME (If no		set and number)		- 1	B. CITY, TOWN	OR LOCATION OF D		0,0/11	9c. COUNT		
SUBURI RESIDENCE OF D	BAN HOS	PITAL			BETH	ESDA			MON	TGOM	MERY
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				104	d. INSIDE CITY LIMITS?
MD.	MONT	GOMERY			BETH	ESDA				1]	YES 2 NO
10e. STREET AND NUMB	ER					Of. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
5701	ENGLIS	H Ct.				20817			U	.S.A	١.
11. MARITAL STATUS	v	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DI	CENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	or No- 1	A. RACE -	American Indian, hits, stc.
1 Never Merried 2		IF YES, GIVE WI		10		S 2 ND Species		Mican, etc.)			HITE
3 Widowed 4 L C	livorced									И	HITE
	DECEDENT'S EDUCA		(G	ilve kind of wo	SUAL OCCUPATION OF THE PROPERTY OF THE PROPERT	TION nost of working	16	b. KIND OF BUS	INESS/INDUS	STRY	
Elementary/Seconder	y (0-12)	College (1-4 or 5+)	llfa.	. Do NOT use		327 2/01					
		5+		RET.	-TEAC			PUBLI		HOOI	1
17. FATHER'S NAME (First	, Middle, Last)	WALTER	BERRYH	II.I.		16. MOTHER'S N	AME (First,	Middle, Malden	Surname)		
-4	JNKNOWN	WELLER	DEMOCRATIO	1111		M	AE	S	ANDE	RS	
190. INFORMANT'S NAME	E (Type/Print)		190	b. MAILING A	DDRESS (Street	and Number or Rura	Route Nun	nber, City or Town	, State, Zip C	lode)	
M. J.	WILLIA	MS JR.		SA	ME AS	ITEM #	:10				
20e. METHOD OF DISPO			20b. PLACE	OF DISPOSIT		emetery, crematory or	Y. 7	20c. LOC	CATION — CI	ty or Town,	State
1 ☐ Burlel 2 L'L Crem 4 ☐ Donation 5 ☐ Ot		val from State	other pl		BERS	CREMAT	YNRY	R	TVER	DALF	MD.
21. SIGNATURE OF FUNE	RAL SERVICE LICE	NAME A				AND ADDRESS OF F					
1/1/2	V. Cha	mless	A-MC	091	w.	W. CHAM	BERS				NG, MD.
23. PART I. Enter the		omplications that lat only one caus			t antar the r	node of dying, su	ch ss car	rdiac or reapli	retory srre	st,	Approximate Interval Batween
IMMEDIATE CAUSE			VER	FAIL	IIRE						Onest Ind Mark
disease or condition resulting in death)		LIV		AILL							3 mentrs
resulting in death)			DR AS A CONSE		1 4 600	PATITIS	В				40 YRS
				. 1							110
			ATITIS	5	5						40 YEARS
Sequantially list con		HEP	ATITIS		5						40 YEARS
If any, lasding to Im- cause. Enter UNDER	mediata ILYING	HEP			:						40 YEARS
If any, lasding to Im-	mediata ILYING	HEP DUE TO		DUENCE OF)							40 YEARS
If any, lasding to Im- cause, Entar UNDER CAUSE (Disease or I	mediata RLYING Injury c.	HEP DUE TO	DR AS A CONSE	DUENCE OF)							40 YEARS
If any, lasding to Im- cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in dasth) L	mediata iLYING injury c.	DUE TO	DR AS A CONSE	OUENCE OF)	:						40 YEARS
If any, leading to im- cause. Enter UNDER CAUSE (Disease or i that initiated events resulting in dasth) L	mediata tLYING injury AST d.	DUE TO	DR AS A CONSE	OUENCE OF)	:	ing cause givan li		24a. WAS AN			90 YEARS ERE AUTOPSY FINDINGS BILLABLE PRIOR TO
If any, laeding to im- cause. Enter UNDER CAUSE (Disease or that initiated events resulting in dasth) L	mediata tLYING injury AST d.	DUE TO	DR AS A CONSE	OUENCE OF)	:	ing cause givan li			MED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE
If any, leading to im- cause. Enter UNDER CAUSE (Disease or that initiated events resulting in dasth) L	mediata iLYING injury c.	DUE TO	DR AS A CONSE	OUENCE OF)	:	ing cause given i		PERFOR	MED?	AV CC	MILABLE PRIOR TO
If any, leading to im- cause. Enter UNDER CAUSE (Disease or that initiated events resulting in dasth) L	mediata tLYING injury AST d.	DUE TO	DR AS A CONSE	OUENCE OF)	:	ing cause givan i		PERFOR	MED?	AV CC	AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
If any, leading to im- cause. Enter UNDER CAUSE (Disease or that initiated events resulting in dasth) L	AST d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO	DR AS A CONSE	OUENCE OF)	: the underly	ing cause given in	n Part I.	PERFOR	MED?	AV CC	AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
If any, leading to Imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in dasth) L PART II. Other signif LYMI 25. WAS CASE REFERRE EXAMINER?	mediata ILYING Injury AST C. C. C. C. C. C. C. C. C. C	DUE TO	DR AS A CONSE	OUENCE OF)	tha underly	PLACE OF DEATH (C	n Part I.	PERFOR 1 YES 2	MED?	AV CC	AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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- 4 · -

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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296. SIGNATURE AND TITLE OF CERTIFIES

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31. DATE FILED (NORTH)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

32. REGISTRAR'S SIGNATURE who Davidson

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must

Pages 1, 2, 3

permit.

detached for use as the burial-transit

2 notified at

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.O.

RECORDS,

OF VITAL

DIVISION

CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BET. ANNA MABE 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 93 1 | M 2 K YRS. 220-32-7187 23 WASHINGTON 9a. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH Prince Greenbelt Nu NURSING 7010 Green beit Georges 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MARYLAND MONTGOMERY SILVER SPRING 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 8505 SPRINGVALE TERRACE 20910 11. MARITAL STATUS 12. WAS DECEOENT ÉVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whita, etc. 1 Naver Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 TO NO Specify Specify: 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ondary (0-12) College (1-4 or 5+) PRESS FEEDER **GPO** FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) THOMAS BRADSHAW ANGLINE EBERT 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6200 WESTCHESTER PARK COLLEGE RUTH_M DYER (DAUGHTER) PARK, MARYLAND 20740 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20c. LOCATION - City or Town, State METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENSEI 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. UNIVERSITY BLVD., W. SIL.SPR. 20901 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock or heart feliure. Liet pnly pne gause pn each line, Approximate interval Between **Onset and Death IMMEDIATE CAUSE (Finel** diseese or condition resulting in death) DUE TO OR AS A CONSEQUENCE OF 0 PLE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deem but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF OEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Rasidence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNÉR OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 V Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ours after death, Page 6 may be retained by the hospital or attending physician. has been signed by the attending physician and completely filled in by the funeral director, page 5 should Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. examiner the medical executed within event. traumatic requires that the death certificate be other 0 any shows a HOSPITAL OR ATTENDING PHYSICIAN: The law 23 State certificate 0 the this c is marked, death v DIRECTOR: After 1 28 Item FUNERAL I MPORTANT: II 표를 2 8

29d. DATE SIGNEO (Month, Day, Year)

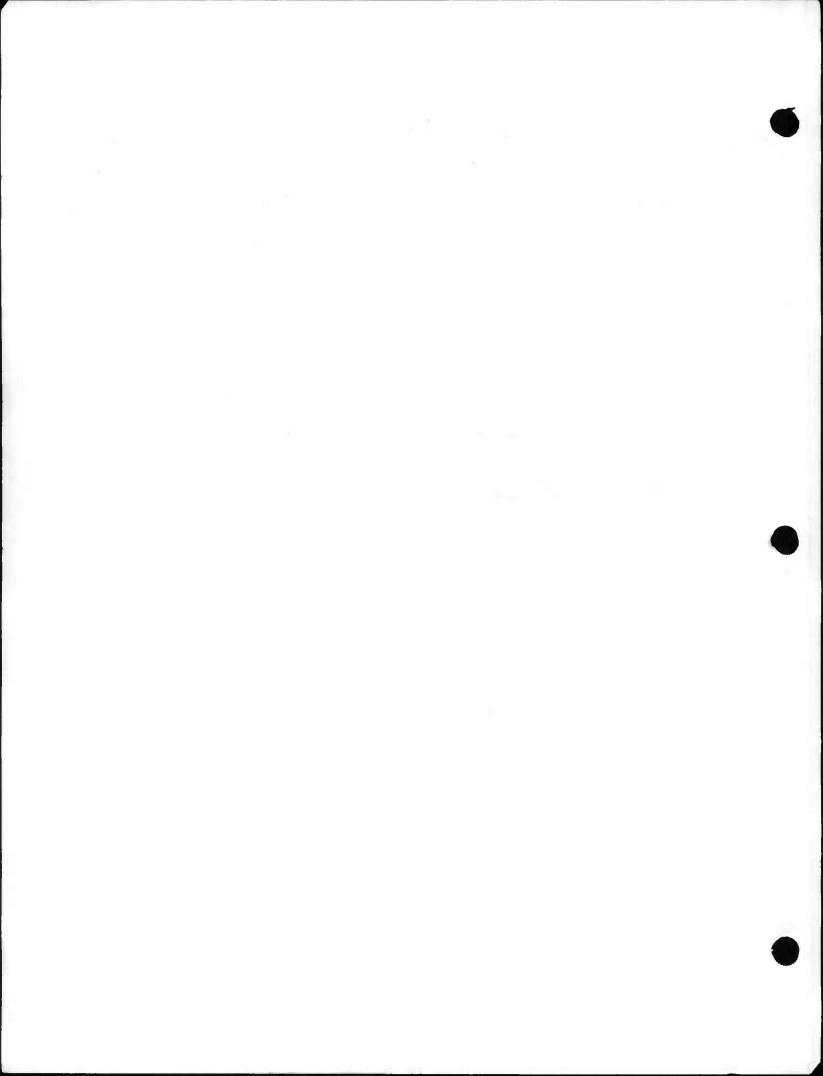
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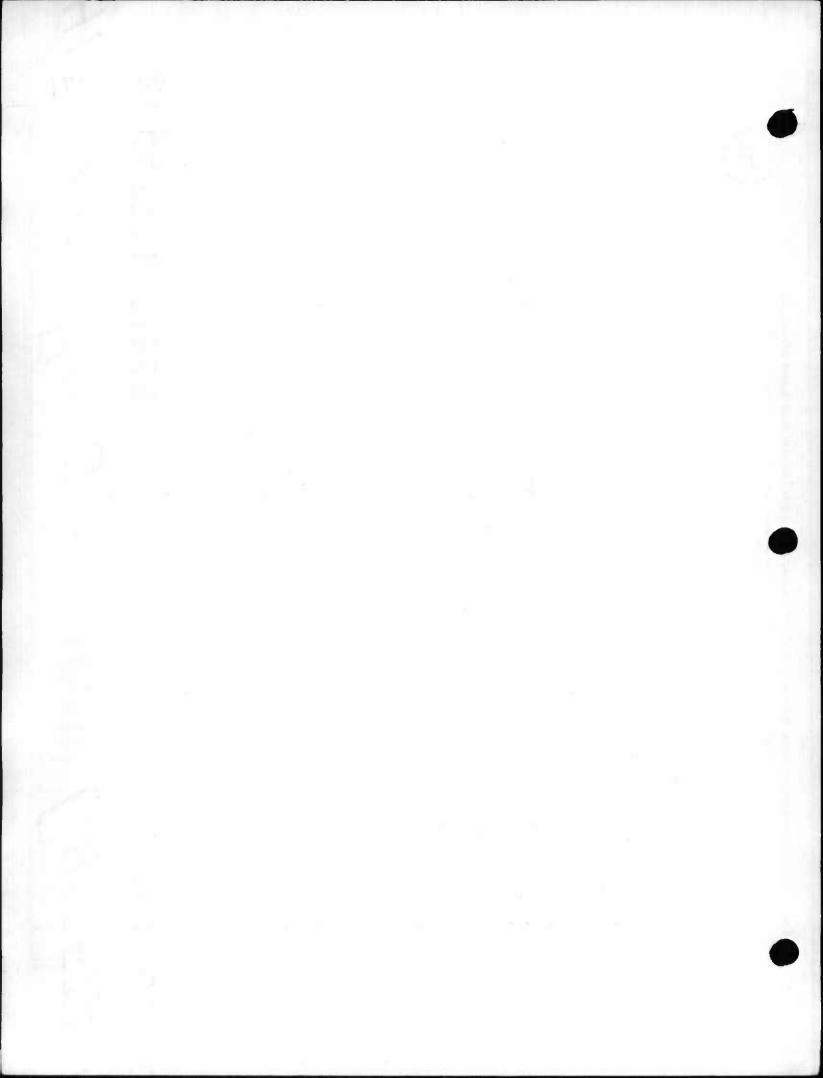
LICENSE NUMBER

3

3



1. DECEDENT'S NAME (First, Middle, Last				ICATE OF		2. DATE OF		AY	YEAR	3. TIME OF DEATH
Elizabeth	L. Wood	(AKA)	Betty	Wood		Octob				6:45 PM
4. SOCIAL SECURITY NUMBER 577-24-4530	5. SEX	6. AGE (In yrs. 92		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Day)	BIRTH sy, Year)		8. BIRTH Count	IPLACE (State or Foreign
90. FACILITY NAME (If not institution, give Potomac Valley					R LOCATION OF D			9c. CO	UNTY OF D	EATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LOCAT	TION					10d. INSIDE CITY LIMITS?
	lontgomery	7			Bethesd	a				1 TES 2XXNO
100. STREET AND NUMBER 10250 Westlake	Drive #91	L3		101	20817			100		States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	☐ YES 2 2		if yes, sp	endent of Hispar ecity Cuben, Mexico 2 X NO Specif	en, Puerto Rice	Specify Yearn, etc.)	or No-	14. RACI Blac Spec	E — American indian, k, White, etc. <i>My:</i> White
15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 5		(Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during more retired.)	et of working	16b. KI	ND OF BU			
17. FATHER'S NAME (First, Middle, Last)			Sale	es Repre	SENTIVE 16. MOTHER'S NA	MP (Elec Mide			Stor	<u>e</u>
	2.2 - 3 - 3				IO. MUITER & NA	_,				
John 19a. INFORMANT'S NAME (Type/Print)	Wall	T	19b. MAILING	ADDRESS (Street a	nd Number or Rural		Y Fa.	A 17 (17)		-
Eileen Blomo		20b. PLAC	_		Street C		~		rylar - City or To	
4 Donation 5 Other (Specify)	mover from state			Heaven	Cemeter	У	Sil	ver	Sprin	ng,Marylan
21. SIGNATURE OF FUNERAL SERVICE I	Ken		400335	- NV CIII	re perme	sua, m	ar yr	anu	ZUOT.	Wisconsi
shock, or heart fellum	List only one can	monia	ne.							Onset and Da 1 Week
Sequentially list conditions,	Left	Hemip	legia	·						3 month
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Cere	bral In	farct	ion						3 month
that initiated events resulting in death) LAST		bral A		n: sclerosi	s					20 year
PART II. Other algorificent condition	ona contributing to	death but no	t resulting	in the underlyin	g cause given in		PERFO	RMED?	Y 24t	D. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE DF DEATH (C	heck only one)				
1 YES 2 X NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER: 4-© Nursing Hon	10 5 🗆 Residence	6 Other (S	Specify)			
27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, E		26b. TIM		PURY AT DRK? YES 2 NO	28d. DESCR	IBE HOW	INJURY C	CCURED	
3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE (building	OF INJURY — At, etc. (Specify)	home, farm,	street, factory, offic	:0		ON (Street Town, State		ber or Rural	Route Number,
29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHY										a) and manner as stated
296. SIGNATURE AND TITLE OF CERTIF	1 /100	nn	,11	7	29c. LICENSE NU D02047	IMBER				o (Month, Day, Year) er 26, 199
Joseph D. Conno	r, M.D.	9420	old Ge		n Road,	Bethes	da,	Mary	land	20814
NOV 01 90	32. REGISTR	Davidson	Brada	00						



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within dire after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	E O	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremedion, or removal,	MP

FOR STATE REGISTRAR	STATE OF N	IARYLAND / DEPAI CERTIF	RTMENT OF H		WENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Lest) Alfred	I	Lawson	Wh	nite	2. DATE OF DEATH OCTODER 2	7, 199	3. TIME OF DEATH 5:50 PM
4. SOCIAL SECURITY NUMBER 579-20-9536	5. SEX M⊠ M 2 ☐ F	6. AGE (In yrs. last birthday) 66 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 30,	1924 Wa	BIRTHPLACE (State or Foreign Country) ashington, DC
9a. FACILITY NAME (if not institution, give s 37 Orchard Way			96. CITY, TOWN C	PRIOCATION OF DE	АТН	9c. COUNTY	of DEATH ntgomery
RESIDENCE OF DECEDENT 190. STATE 100. COUNTY Maryland Mont	gomery	10c. Cr	Rockvi			o'	10d. INSIDE CITY LIMITS? 1 YES 2 WO
100. STREET AND NUMBER 37 Orchard Way	South		10	2085	4	10g. CITIZEI	U.S.A
11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Diverced		T EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No 14	. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT (S USUAL OCCUPATION Work done during money isse retired.) Int Vice- Ist Office	st of working Presiden	t Americ		curity Bank
17. FATHER'S NAME (First, Middle, Last) Jesse	E.	Wh	nite	16. MOTHER'S NA Mary	ME (First, Middle, Maider E .	Sumame)	McGillicudd
19a. INFORMANT'S NAME (Type/Print) Ethel R. White		19b. MAILIN 37 Or	G ADDRESS (Street of Chard Wa	and Number or Rural P	Rockville	m, State, Zip Co	vland 20854
20e. METHOD OF DISPOSITION XM Buriat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISPO other place) Cedar Hi	SITION (Name of ce				y or Town, State
21. SIGNATUIN OF FUNERAL SERVICE LIC	ensee C. L	M005	Rober	t A. Pum tille, In ie, Rocky	phrey Fund	eral Ho	
23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	cardi	se on each line. OVASCULAT A (OR AS A CONSEQUENCE (rrest	ode of dying, suc			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	COR AS A CONSEQUENCE OF	OF):	creas			
PART II. Other significant condition	e contributing to	death but not resulting	in the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	LACE OF DEATH (Ch			
27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ay, Year) If	ME OF 28c. IN. WI	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW		
3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At home, farm, etc. (Specify)	, street, factory, onk		281. LOCATION (Street City or Town, State	and Number or	Hurai Pioulia Numbar,
cool only	and the second second	my knowledge, death occur samination end/or investigat					cause(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Jonaly			29c, LICENSE NUI	MBER	29d. DATE S	HGNED (Month, Day, Year)

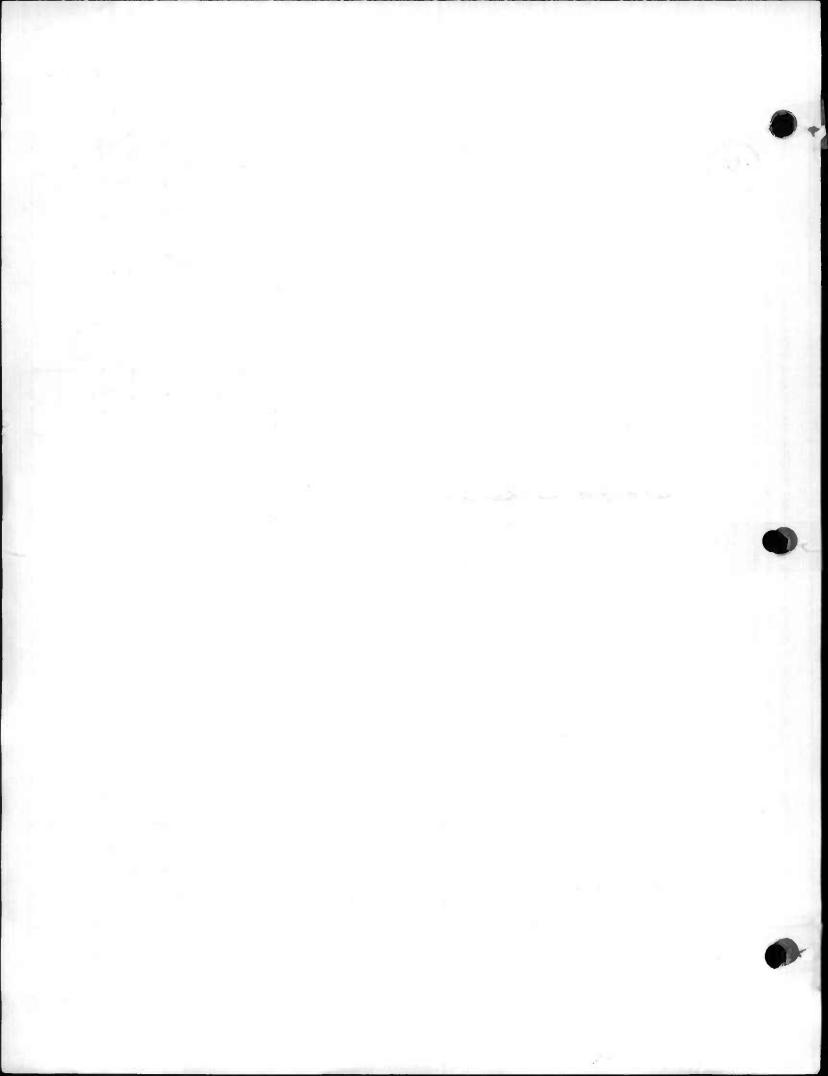
6111 Executive Blvd., Rockville, Maryland 20852

Hamid Montakhaub, M.D.

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE





1	-	STATE	A
Б	. D	ECEDENT'S	P

BALTIMORE, MARYLAND 21203-3146

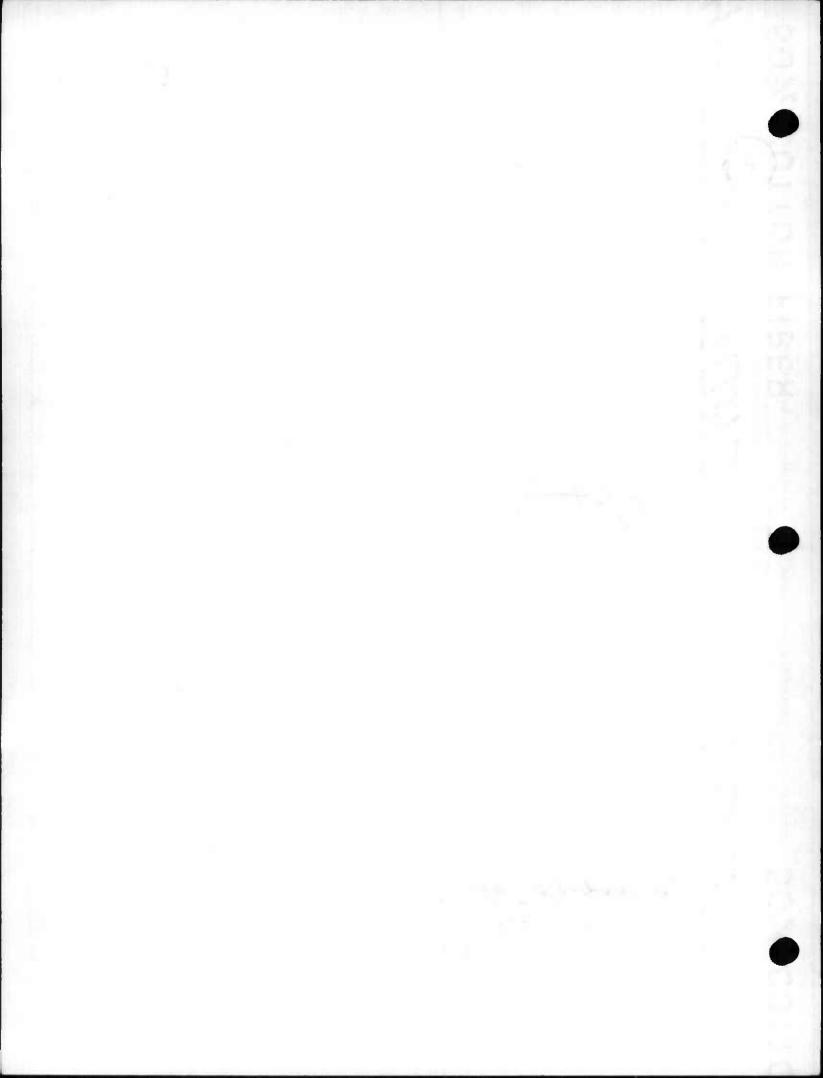
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- REGISTRAR		CERTIF	ICATE (OF DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
Eleanore		N.	Wi	lson		er 29.		12:07 PM
4. SOCIAL SECURITY NUMBER 579 10 7092	5. SEX 1 M 2XXF	6. AGE (In yrs. last birthday) 71 YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AVS HOURS MIN.	7. DATE OF BI (Month, Day)	RTH	8. BIRT Coun	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give a 10 Mayhill Cour				wn or Location of D		9c. (ontgon	DEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			TY, TOWN OR L					10d. INSIDE CITY
2	tgomery	G	aither					1 TES 2XXNO
10 Mayhill Court				10f. ZIP CODE 20879				States
11. MARITAL STATUS 1 Never Married 2 Married 3 Milliowed 4 Divorced		TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If ye	S DECENDENT OF HISPA is, specify Cuban, Maxic YES 2 NO Speci	en, Puerto Rican,		14. RAC Blac Spe	E — American Indian, ck, White, etc. city: White
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5 +	Min Do MOT I	work done duri	IPATION ng most of working	16b. KINI	OF BUSINESS	3/INDUSTRY	
-	1	Cler	k			etail S		
17. FATHER'S NAME (First, Middle, Last) Mark Linch				18. MOTHER'S N. Elda	and the party of	, Maiden Sumai 1010	71e)	
Mark Litteri 19a. INFORMANT'S NAME (Type/Print)		10h MAII MA	G ADDRESS /S	treet and Number or Rural			n 7in Carlei	
Thomas R. Wilson				Court, Ga				nd 20879
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO		of cometery, crematory or		20c. LOCATIO		
1 Donation 5 Other (Specify)	noval from State	other place) Montgomer		atorium, I				aryland
21. SIGNATURE OF FUNERAL SERVICE LI	A	M00689	Hom	ME AND ADDRESS OF F le/Rockvill nue, Rockv	e, Inc.	. 300 W Marylan	Vest M nd 208	ontgomery
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	nia (OR AS A CONSEQUENCE (n Carcinoma (OR AS A CONSEQUENCE (OF):					3 Days
PART II. Other significant condition Cerebrovascular				rlying cause given in	1	WAS AN AUTO PERFORMED? YES 2XXV		b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)			
1 VES 247NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation	1 Inpetient 2 Inpe		ME OF 26	g Home 5 XXesidence c. INJURY AT WORK? 1 YES 2 NO		ecify) BE HOW INJUR	Y OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At home, farm, etc. (Specify)	, street, factory	r, office	281. LOCATIO City or To	N (Street and Ni wn, State)	imber or Rura	l Route Number,
anal		my knowledge, death occur samination and/or investigat						(a) and manner as state
296. SIGNATURE AND TITLE OF CERTIFIE COUSTO D. S.	Bar. M	O.		29c. LICENSE N D28954				D (Month, Day, Year) Der 29, 199
Christine D. Ber	g, M.D.,	9711 Medica		er Drive,	Suite	111, R	ockvil	20850 le, MD
31. DATE FILED (Month, Day, Your) NOV 01 '90		R'S SIGNATURE Devidson Pand	Lepe.					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4-Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meters after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transl be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meters after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained by the funeral director, page 5 should be detached for use as the burial-trained in the State death within 12 hours after death within 12 hours after the state of the funeral page 12 should be detached for use as the burial-trained in the State death within 12 hours after the state of the funeral page 12 should be detached for use as the burial-trained for the state of the funeral page 13 should be detached for use as the burial-trained for the state of the funeral page 13 should be detached for use as the burial-trained for the state of the sta

	1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	:		
,	1. DECEDENT'S NAME (First, Middle, L	(u/c	Ideick	>	2. DATE OF DEATH MONTO-30-19	90 YEAR 3. TIME OF DEATH PM		
	4. SOCIÁL SECURITY NUMBER 213–56–7746	1 🗆 M 2 💢 F	54 YRS. MON	= 222 120	7. DATE OF BIRTH (Month, Day, Year) 4-22-1936	BIRTHPLACE (State or Foreign Country) Canada		
9	Greater Laure	el Beltsville	- 50	Laurel		9c. COUNTY OF DEATH Prince George		
DIREC	10a. STATE 10b. CO		1	WN OR LOCATION SVILLE		10d. INSIDE CITY LIMITS? 1 □ YES ②□ NO		
RAL	100. STREET AND NUMBER 5005 Naples A	venue		101. ZIP CODE 20705		10g. CITIZEN OF WHAT COUNTRY? Canada		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 (2)NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxico 1 YES 2 NO Specifi	NIC ORIGIN? (Specify Yee on the Puerto Ricen, etc.) by:			
ETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 10 Years		16a. DECEDENT'S USU (Give kind of work of the Do NOT use ret Secretary	done during most of working ired.)	166. KIND OF BUSI	NESS/INDUSTRY		
E COMPL	17. FATHER'S NAME (First, Middle, Lae Peter Lahay	10)		4.000	AME (First, Middle, Maiden S Dennis	Surneme)		
TO B	190. INFORMANT'S NAME (Type/Print) IVOT J. Weldrich			RESS (Street and Number or Flural	Route Number, City or Town,	, State, Zip Code)		
3.0	20e. METHOD SE DISPOSITION 1	Removal from State	ON PLACE OF DISPOSITIO	N (Name of cometer), cremetory or an Crematory		ation - City or Town, State ngton, Virginia		
	21. SIGNATURE OF FUNERAL SERVICE		dt.	22. NAME AND ADDRESS OF EACHTY Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 207				
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF:	east fady	meast (Onset and Death		
: MEDICAL CE	PART Cother significant cond	Stions contribution to death	but not resulting in the	ne underlying cause given in	Part I. 24a. WAS AN / PERFORI	MED? AMAILABLE PRIOR TO		
CIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	O	26. PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 VE6 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending		Y 28b. TIME OF		6 Other (Specify) 28d. DE\$CRIBE HOW IN	JURY OCCURED		
TED BY	2 Accident Investige 3 Suicide 6 Could not determine	ot be 28e. PLACE OF INJU	RY — At home, farm, stree pecify)		281. LOCATION (Street et City or Town, State)	nd Number or Rural Route Number,		
COMPLET	(Crieck Unity	PHYSICIAN: To the best of my knot AMINER: On the bests of examinal				ner ee stated. d due to the couse(e) and manner ee stated.		
	SON SUBSTURE AND TITLE OF CO.	Staller	him	29c. LICENSE NU	726	29d. DATE SIGNED (Month, Pay, Year)		
TO BE	20 NAME AND ADDRESS OF BELLE	M Mario Contra apren access	DEATH GITTAL OF	41				
TO BE	30. NAME AND ADDRESS OF PERSO M. C. L. S. 31. DATE FILED (Month, Day, Year)	ON WHO COMPLETED CAUSE OF THE COMPLETE CAUSE OF THE COMPLETE CAUSE OF THE CAUSE OF	7525 62	elnway C	enter &	m. Oreenbelta		

TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	on afternoone burelings. The law comings that the death conflicts he executed within
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ATTE	ECTOR: Aft	s after dea	n 28 is m
OR ALTE	DIRECTOR: AM	ours after dea	tem 28 is m
AL OR ATTE	L DIRECTOR: AM	2 hours after dea	f Item 28 is m
PITAL OR ATTE	RAL DIRECTOR: AM	72 hours after dea	T: If Item 28 is m
OSPITAL OR ATTER	INERAL DIRECTOR: Aft	thin 72 hours after dea	NT: If Item 28 is m
HOSPITAL OR ATTER	FUNERAL DIRECTOR: Aft	within 72 hours after dea	RTANT: If Item 28 is m
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerdou's after death. Page 6 may be retained by the	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at o

	FOR STATE REGISTRAR	STATE OF MARY				F HEALTH OF DEAT		ENTAL HYGIENI REG. NO.	E 9	0 31975
	1. DECEDENT'S NAME (First, Middle, Las	0 (173.33	D	1	T.70 cum .		2	. DATE OF DEATH		3. TIME OF DEATH
,	WILBUR W WA	GNER	our wi	IIson	Wagne	er)	N	OVEMBER	3 195	90 12:00 P M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. las	t birthday)	IF UNDER t YE	AR IF UNDER		DATE OF BIRTH		SIRTHPLACE (State or Foreign
	166-18-3179	1XXM 2 □ F	72	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year) Aug. 27, 19	3.0	Country)
	9a. FACILITY NAME (If not institution, gh		7.2	1.1967	Oh CITY TO	AOL OR LOCATIO			ac COUNTY	nnsylvania
œ			CD T M							
2	MONTGOMERY RESIDENCE OF DECEDENT	GENERAL HO	SPIT	AL OLNEY					MONTO	GOMERY
E E	10s. STATE 10b. COU	ITY		10c. CITY	, TOWN OR L	DCATION			10d. INSIDE CITY	
DIRECTOR	Maryland	Montgomer	y		Si	lver Sp	oring			LIMITS?
	10e. STREET AND NUMBER		_			10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	13225 Hathaway	Drive				209	906		Unite	d States
ξ	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI			MED	13. WAS			ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian,
	1 Never Married 2 XX Married	FORCES? 1 Y	ES 2 N	ю		yes 2 NO	n, Mexican, F Specify:	Puarto Rican, atc.)		Black, White, atc. Specify:
B	3 Widowed 4 Divorced	WWI					.,,.			hite
	15. DECEDENT'S E (Specify only highest gr		16a, DE	CEDENT'S	USUAL OCCU	PATION g most of workin		16b. KIND OF BUS	INESS/INDUST	RY
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo.	Do NOT us	e retired.)	g most or working	9			
<u>ब</u>		2	Adm	inist	rativ	e Offic	cer	F	.A.A.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	HER'S NAME	(First, Middle, Maiden	Sumame)	
BE	Robert E. Wagn	er					Carr	ie Miller		
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	reet and Number	or Rural Rou	ite Number, City or Town	n, State, Zip Coo	(e)
٦	Robert C. Wagne	r	8	231 (sage	Lane, E	Bethe	sda, Mary	land :	20817
	20a. METHOD OF DISPOSITION 1 ☐ Burlal ②XX Cremation 3 ☐ R	amoval from State	20b. PLACE other pi	OF DISPOS	HTION (Name	of cemetery, crem	natory or	20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)		Mont	gomer		matori			hesda,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	DICENSEE /			22. NAI	E AND ADDRES	SS OF FACIL	TRObert .	A. Pum	phrey Funeral
	Middala (4)	Kulto	MOO	348				yland 20		Montgomery Ave
	23. PART I. Enter the diseases,	or complications that cou	eed the de	eath. Do n						
	shock, or heert fallu	e. List only one cause o	n eech line).						Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	ACUTE	GA	STR	30 min.					
	resulting in death)	DUE TO (OR /			70.111					
_		- Acute	GA	STR	Unknown					
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR								
7	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disesse or Injury that initiated events	DUE TO (OR A	AS A CONSE	OUENCE OF	F):					
F	resulting in desth) LAST									
177		d,								
CERTIFICATION	DART II. Other elgolifered condi	d.	th hus ans		la the warde	4.4	ahira la Be		ALITOROV	ALL IMPORTATIONAL PRINCIPLE
AL	PART II. Other significant condi	lone contributing to deep	th but not	reculting	In the unde	rlying ceuse (given in Pa	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMMITTED TO COLUMN
AL	PART II. Other significant condi	1 arterio	scl	ros	s i>	rlying ceuse (given in Pa	art I. 24a. WAS AN PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	^	d. lone contributing to deep g arterios	scl	ros	s i>	rlying ceuse (given in Pa	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Cerebral	arterios arterios	scl	ros	s i >			PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Cerebral 25. WAS CASE REFERRED TO MEDICA EXAMINER?	arterios arterios	scler	031	OTHER:	26. PLACE OF O	DEATH (Check	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Coronan Cerebral 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 DINO	arterios arterios HOSPITAL: 1 Inpetion 2 VERV	Scler cler	031 031	OTHER:	26. PLACE OF O	DEATH (Check	PERFOR	RMED?	AMALLABLE PRIVOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Cerebral 25. WAS CASE REFERRED TO MEDICA EXAMINER?	arterios arterios	SC(4)	031 031 200 TIM	OTHER: 4 Nursing	26. PLACE OF 0	DEATH (Check	PERFOR	RMED?	AMALLABLE PRIVOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Cerebral 26. WAS CASE REFERREO TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 PER 280. DATE OF INJU (Month, Day, Ye	SC(4)	0 3 1 DOA 28b. TIM	OTHER: 4 Nursing	28. PLACE OF 0 Home 5 Re C. INJURY AT WORK? YES 2	DEATH (Check	k only one) Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Cerebral 26. WAS CASE REFERREO TO MEDICA EXAMINER? 1 YES 2 YENO 27. MANNER OF DEATH 1 YENGURAL S Pending	HOSPITAL: HOSPITAL: I Inpetient 2 (Fer) 26a. DATE OF INJU (Month, Day, Ye be be be be be be be b	SC(4) Coutpatient :	0 3 1 DOA 28b. TIM	OTHER: 4 Nursing	28. PLACE OF 0 Home 5 Re C. INJURY AT WORK? YES 2	DEATH (Check	PERFOR	NJURY OCCUR	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 DYNO 27. MANNER OF DEATH 1 DYNstural 5 Pending Investigati 3 Suicide 6 Could not detarmine	HOSPITAL: HOSPITAL: Inpetient 2 (Fer.) 28a. DATE OF INJU (Month, Day, 16	Outpatient:	O S I B DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28 URY M street, factory	28. PLACE OF 0 Home 5 Recommendation	DEATH (Check meldence 6	PERFOR 1 PYES 2 Nonly one) Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 WAO 27. MANNER OF DEATH 1 Watural 5 Pending Investigati 3 Suicide 6 Could not detarmine 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 PER/ 269. DATE OF INJU 269. PLACE OF IN. building, etc.	Outpatient : Outpa	DOA 28b. TIM	OTHER: 4 Nursing IE OF 28 IURY M street, fectory	28. PLACE OF 0 Home 5 Rec. INJURY AT WORK? YES 2 office	DEATH (Check askidence 6 NO 2 as, and due to	PERFOR 1 PYES 2 Normalian Street (Specify) 281. LOCATION (Street City or Town, State) 281. Location (street city or Town, State)	NJURY OCCUR	AMALLABLE PRIVOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 DNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigati 3 Suicide 6 Could not detarmine 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER (Check only one)	HOSPITAL: I Inpetient 2 FRI 26a. DATE OF INJU. (Month, Day, Ye be 28e. PLACE OF IN, building, etc. () INVSICIAN: To the best of my building.	Outpatient : Outpa	DOA 28b. TIM	OTHER: 4 Nursing IE OF 28 IURY M street, fectory	26. PLACE OF 0 Home 5 Re c. INJURY AT WORK? YES 2 office data and place ion, death occu	DEATH (Checkensidence 6 2 2 NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERFOR 1 PYES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 2 Normal VES 3	NJURY OCCUR	AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Rural Route Number,
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPITAL: I Inpetient 2 FRI 26a. DATE OF INJU. (Month, Day, Ye be 28e. PLACE OF IN, building, etc. () INVSICIAN: To the best of my building.	Outpatient : Outpatient : INTY — At hi Specify) unowledge, d	DOA 28b. TIM	OTHER: 4 Nursing IE OF 28 IURY M street, fectory	28. PLACE OF 0 Home 5	DEATH (Check askidence 6 NO 2 as, and due to	PERFOR 1 PYES 2 Notice N	NJURY OCCUR	AMALLABLE PRIVOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,

Montgomery

Gen Hospital

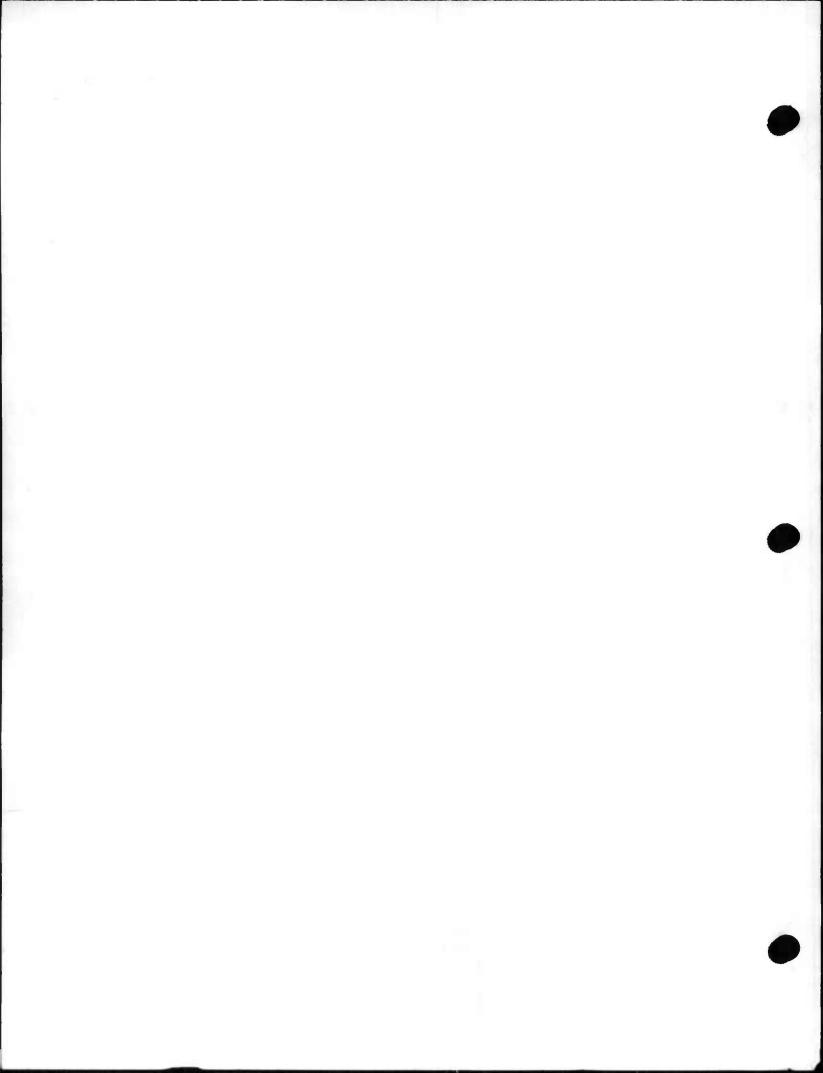
20+1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

June Navidron-Randala.



BY

COMPLETED

BE 2

	physician. burial-transit permit. Pages 1, 2, 3 (world 1)	
o, DALIMONE, MANILAND 21203-3140	within cours after death. Page 6 may be retained by the hospital or attending npletely filled in by the funeral director, page 5 should be detached for use as the cremation, or removal.	
DIVISION OF VITAL RECORDS, F.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	

	Evel	Lyn Co	ra Wolfo	rd								9	0	3	19	16
	FOR STATE REGISTRAR			MARYLAND /	DEPAR RTIF	TMENT	T OF H	EALTH A	ND N	MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First,		WOLFORD							2. DATE MONT	OF DEATH	٧	ŠEAR 90		18 a	
	4. SOCIAL SECURITY NUMBER 215-26-8131		5. SEX 1 M 2 F	6. AGE (In yrs. les	(In yrs. lest birthday) IF UNDER YRS.			# IF UNDER 24 HRS. 7. DATE OF (Month, Dec.)			OF BIRTH 8. BIRT h, Day, Year) Coun			I HPLACE	(State or	
70R	9e. FACILITY NAME (If not institution, give street and number) Revenwood Lutheran Center RESIDENCE OF DECEDENT					96. CITY, TOWN OR LOCATION OF DEATH Hagerstown Washing						n				
FUNERAL DIRECTOR		10b. COUNTY	nington	· · · · · · · · · · · · · · · · · · ·	10c. CIT	Hagerstown								L	NSIDE CI IMITS? YES 2 [
VERAL	100. STREET AND NUMBER 2008 Wolford Avenue					10f. ZIP CODE 10g. CITIZ 21740					USA					
COMPLETED BY FUI	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divor	lever Married 2 Married FORCES? 1 YES 2 NO				-	If yes, sp	city Cuban,		n, Puerto	i? (Specify Yea Rican, atc.)	or No	14. RACI Blac Spec		whi	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 12 years				CEDENT'S live kind of Do NOT u	work done se retired.)	during mo	N st of working		186	retai			y		
BE CON	17. FATHER'S NAME (First, Mic Charles Ed		Taylor					18. мотне Maud		ME (First,	Middle, Meiden	Surname)				
TO B	Charles W.		:d								town,			2	17 40)
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)			other pl	20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Greenlawn Memorial Park					20c. LOCATION — City or Town, State Williamsport, Maryland			Land			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. N Gen					Gerald N. Minnich 305 N. Potomac St. Funeral Home Hagerstown, Maryl.										
	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	ert fellure.	List only one ce). 	A C				2 V 6					Approxi Interval	
CERTIFICATION	Sequentielly list condition of smy, leeding to immediate cause. Enter UNDERLYII CAUSE (Disease or injust that initiated events resulting in deeth) LAST	dlete NG ry	c	OR AS A CONSE	37-36	<	ca	ale	Bel Q	ems	m/ra	-	3 MI	2	In In	Seef
PHYSICIAN: MEDICAL CE	PART II. Other significe			deeth but not	resulting	in the u	nderlyin	g ceuee gl	ven In	Part I.	24s. WAS AN PERFOR	MED3	24	COMF OF DI	E AUTOPSY ABLE PRK PLETION O EATH? YES 2	OF CAUSE
CIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF DE	ATH (Ch	eck only o	ne)					
PHYSI	1 VES 2 NO 27. MANNER OF DEATH	Pending	1 Inpatient 2	ER/Outpetient : F INJURY Day, Year)	28b. TII	4 Nu	28c. IN.	RURY AT ORK?	idenca		or (Specify) SCRIBE HOW I	NJURY O	CCURED			

1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 VES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide

29a. CERTIFIER (Check only one)

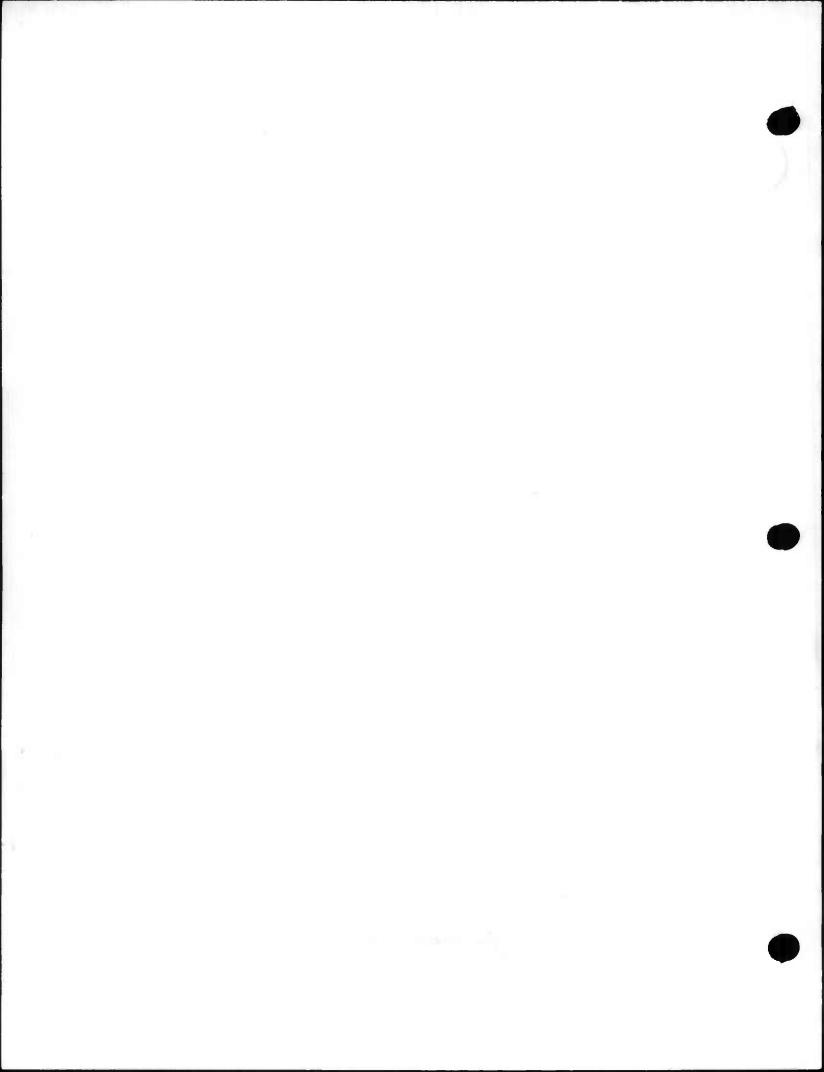
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the besis ligation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATS (ITEM 27) CAPA PRINCE
W. T. KANG, M.D. 1937 933 Year 31. DATE FILED Month, D. '90



as the burial-transit permit. Pages 1, 2, 3 should

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e pe	sician	nor to	traun
tificat	g phys	ene p	ther
th cer	endin	170	010
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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quires	n sign	Heal	POWS
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	FOR STATE OF MAI						0 01211				
mg1	1 - STATE STATE UF MAI	RYLAND / DEPA CERTII	RTMENT OF HE	ALTH AND I	MENTAL HYGIEN REG. NO						
1	1. DECEDENT'S NAME (First, Middle, Last)	, ,	1		2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEATH				
10	NOVELLA FRANCES	U	essels		November "	199	1 1 1 mm				
\$12,25	4. SOCIAL SECURITY NUMBER 5. SEX 8. $225-18-3951$ $1 \square M 2 \cancel{A} F$	AGE (In yrs. last birthday 67 YRS.		IF UNDER 24 HRS.		BIRTNPLACE (State or Foreign Country) JIRGINIA					
	9e. FACILITY NAME (If not institution, give street and number)	0.7	9b. CITY, TOWN OR	LOCATION OF DE			OF DEATN				
TOR	Peninsula General Hospital	Wie	comico								
REC	10e. STATE 10b. COUNTY	N			10d. INSIDE CITY LIMITS?						
٩	-FREETEAND WICOMICO	FR	RUITLAND				1 X YES 2 NO				
FUNERAL DIRECTOR	10e. STREET AND NUMBER 419 SOUTH CAMDEN AVE.			.826		U.S.	N OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT ET FORCES? 1 FYES, GIVE WAR	If yee, speci		IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	or No 14	. RACE — American Indian, Black, White, atc. Specify: WHITE					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	"S USUAL OCCUPATION of work done during most use retired.)	of working	16b. KIND OF BU	SINESS/INDUS	ТЯУ					
MPLE	Elemantery/Secondary (0-12) College (1-4 or a+) 6th. — 0 —	HOUSE			NON	IE	92.5				
8	17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surneme)										
BE	ROYAL WHITE				TAPMAN						
5											
	20e. METNOD OF DISPOSITION	20b. PLACE OF DISP	OSITION (Name of cemet			1	y or Town, State				
	1 🔀 Buriel 2 🗆 Cremetion 3 🗔 Removal from State 4 🗋 Donetion 5 🗔 Other (Specify)	DOWNING	CEMETER	RY	O.F	K HAI	L, VA 23416				
	21. SIGNATURE OF FUNERAL SERVICE LICENSES		22, NAME AND	ADDRESS OF FA			T HOME				
	> 1. Pale tool		17 6	Dm 13			AL HOME LLE, VA23442				
	23. PART i. Enter the diseases, or complications that conshock, or heart failure. List only one cause						t, Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Acuse massing Anterosyptal my orabid Anterosyp										
NO											
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	If sny, leading to immediate cause. Enter UNDERLYING									
TIF	that initiated events resulting in death) LAST	AS A CONSEQUENCE	OF):								
CE	d										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to de	ath but not resultin	g in the underlying (cause given in	Part i. 24a. WAS AI PERFO	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME							1 TES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28 PLA	CE OF DEATH (Ch	eck only one)		I				
YSI	1 YES 2 NO 1 Impatient 2 E	NOutpetient 3 DOA	4 - Nursing Nome								
ву рн	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	IME OF 28c. INJUFY WORK		28d. DEŞCRIBE HOW	INJURY OCCU	RED					
	a	rm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the bast of my CERTIFYING PNYSICIAN: To the bast of my										
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER						
O BE	Clayer Koop	rm		0192	89	D 9	130/97 11-7-				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	DE DEATH /ITEM 270 /8	ma Delett								

32. REGISTRAR'S SIGNATURE
Julia Davidson-Handale.

NOV 0 9 '90

DHMH-16 Rev 1/89

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'n	SPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
DIVISION OF VITAL RECORDS, F.O. BOA 13146,	ecuted	moo pu
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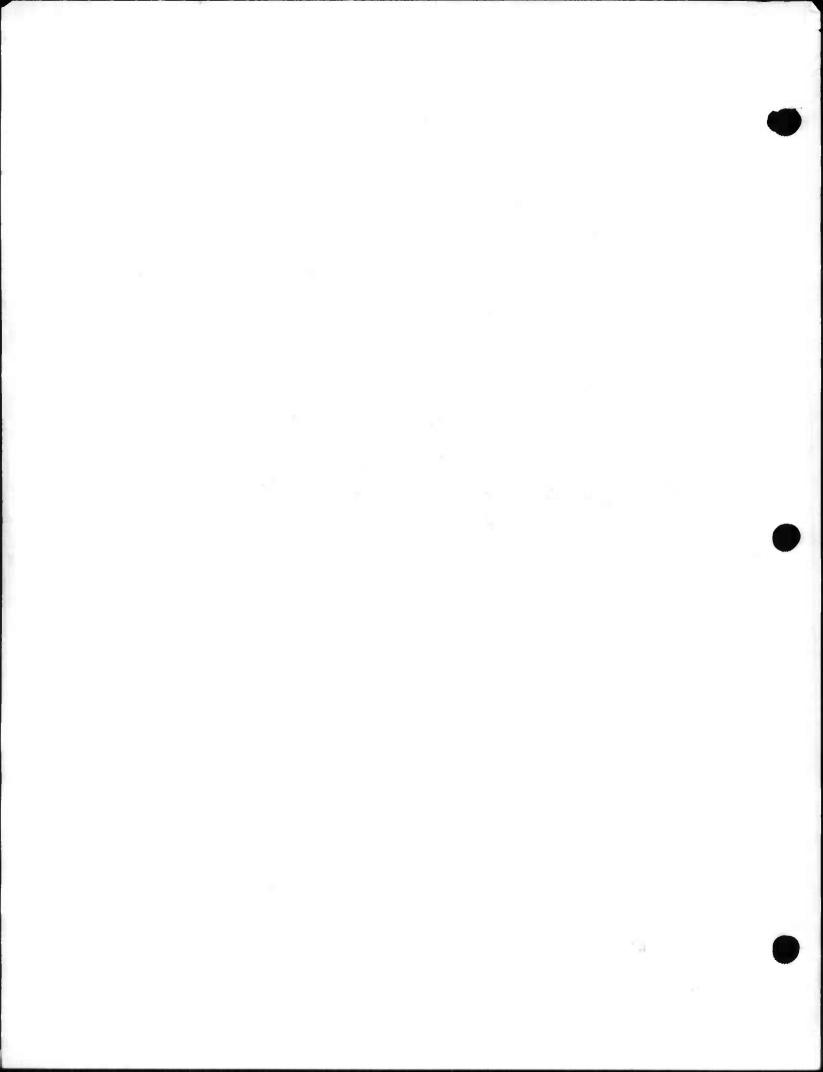
NOV

7 '90

1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	90 31978						
1, DECEDENT'S NAME (First, Mick	10, Lest) Zygmunt	Zakrz	zewski	2. DATE OF DEATH MONTH 11-4-90	YEAR 3. TIME OF DEATH 3:31PM						
4. SOCIAL SECURITY NUMBER 201-22-24-53 98. FACILITY NAME (It not institution)	13 M 2 🗆 F	63 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWH OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 10-30-192	8 BIRTHRI ACE (State or Foreign						
3816 Echodal	e Avenue		Baltimore		SC. COUNTY OF BEATH						
	COUNTY	10c. CITY, TO	WN OR LOCATION Balti	more	10d. INSIDE CITY LIMITS? 1 NO YES 2 NO						
	6Echodale Avenu			206	U. S. A.						
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13. WAS DECENDENT OF HISP If yea, specify Cuben, Mexi 1 TYES 2 NO Spe	can, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify: White						
	College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work Me. Do NOT use re Civil Eng	done during most of working tired.)	166. KIND OF BUS	ness/industry neering						
	John Zakrzews		16. MOTHER'S I	AAME (First, Middle, Meiden Stella Dorcz	Surname)						
19a. INFORMANT'S NAME (Type/F Helen T. Za	krzewski	38		enue Baltim	nore, Maryland 212						
20a. METHOD OF DISPOSITION 1	Ramoval from Stata	other place) Holy	Cross Cemeter 22. NAME AND ADDRESS OF	y Yea	don, Pennsylvania						
	P. margullo-		The second secon	Marzull	o Funeral Service pperco, Md. 21155						
23. PART I. Enter the disee ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	li.sease	Approximate Interval Betwee Onset and De									
	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificant of Diabetes Me	onditions contributing to dest	h but not resulting in t	he underlying cause given	In Part I. 24a. WAS AN / PERFORI	MED? MAILABLE PRIOR TO						
25. WAS CASE REFERRED TO ME				INSPEC							
EXAMINER?	HOSPITAL:	Outpatient 3 DOA 4	26. PLACE OF DEATH (THER: Nursing Home & Rasidence								
25. WAS CASE REFERRED TO ME EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH X Actual 8 Penc 2 Accident Inver	28a. DATE OF INJU (Month, Day, Yes tigation		P 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	NJURY OCCURED						
4 DAY	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, see, /Snacifyl										
4 Homicide Coul 4 Homicide deter 29a. CERTIFIER (Check only one) 2 HEDICAL	NG PHYSICIAN: To the best of my ki	nowledge, death occurred a ation and/or investigation, i	t the time, data and place, and d n my opinion, death occured at t	ue to the cause(a) and man he time, data and place, and	oner as stated, d due to the cause(a) and manner as stated						
March &	Wight		29c. LICENSE N	29d. DATE SIGNED (Morth, Day, Wear) 11-5-90							
DONALD WRIGH		111 I	enn Street,Ba	ltimore,MD	21201						
31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S S	GON-Randall									

DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, Last)		-					2. DATE OF DEATH	AV	VEAD 3	. TIME OF DEATH		
	GEORGE EDWARD Z	AWASKY						NOV	3	1990	10:44		
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In:	st birthday)	IF UNDER		1	7. DATE OF BIRTH (Month, Day, Year)		V	ACE (State or Foreig		
	396-07-4078	1 M 2 D F	77	YRS.	MONTHS	DAYS HOURS	MIN.		1913		CONSIN		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OR LOCAT	ION OF DEA			INTY OF DEA			
DIRECTOR	NATIONAL NAVAL	MEDICAL (ENTER		BE	THESDA			MON	NTGOME	ERY		
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	LOCATION				1	Od. INSIDE CITY		
E C	MARYLAND MONT	GOMERY		F	ROCKV	ILLE				1	LIMITS?		
	10e. STREET AND NUMBER					10f. ZIP COO	Œ		10g. CIT		AT COUNTRY?		
ERAL	13406 PARKLAND DR	IVE				208	853		UNIT	TED ST	TATES		
FUN	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. AT	RMED				C ORIGIN? (Specify Ye, Puerto Rican, etc.)	s or No—		- American Indian, White, atc.		
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE	AR OR DATES			☐ YES 2 XNO					WHITE		
ED E	15. DECEDENT'S EDU		3-1959	ECEDENT'S	USUAL OC	CLIPATION		16b, KIND OF BL	SINESS/IN	DUSTRY			
ETE	(Specify only highest grade		work done a	uring most of work	ing	100. KIND OF BC	31142307114	0031111					
PLI	Elementary/Secondary (0-12)	College (1-4 or 5	1	S. MA	RINE	CORPS	OFFIC	ER MT	LITAE	RY			
COMPL	17. FATHER'S NAME (First, Middle, Last)				<u>Ind F 4 ab year</u>			E (First, Middle, Maider	Surname)	- 6			
TO BE CO	LEO S. ZAWASKY							ANNA C.	BODE				
	19a. INFORMANT'S NAME (Type/Print)							oute Number, City or To					
Ĭ	EDITH M. ZAWASKY 13406 PARKLAND DRIVE, ROCKVILLE, MD 20853												
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)												
	4 Donation 5 Other (Specify)	- 0	ARLIN	GTON		ONAL CE			NGTON	VIR	GINIA		
	21. SIGNATURE OF FUNERAL SERVICE USERSES 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME												
	TRANCIS J. COLLINS FUNERAL HOME 500 UNIVERSITY BLVD WEST, SILVER SPRING, MD												
N	disease or condition resulting in death)	0 DUE TO	(OR AS A CONSE			ARREST					744		
CATIO	Sequentially list conditions, if any, leading to immediate	OUENCE O	NF):										
2	CAUSE (Disease or injury	EQUENCE OF):							1 22				
RTIFI	that initiated events resulting in deeth) LAST												
S		d											
EDICAL	PART II. Other significant condition	In the un	derlying cause	given in I		RMED?		VERE AUTOPSY FIND WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?					
I: ME											I TES ZIZINO		
NAK	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH (Che	ck only one)					
SICI	EXAMINER? 1 YES 2 XNO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 Nurs		Residence	B Other (Specify)					
PHY	27. MANNER OF DEATH	28e. DATE O	F INJURY Day, Year)	28b. TR	_	28c. INJURY AT WORK?		28d. OESCRIBE HOW	INJURY O	CCURED			
>	1X Natural 5 Pending 2 Accident Investigation	(moran,			М	1 YES 2	□ NO						
ETED B	3 Suicide 8 Could not be 4 Homicide datarmined		OF INJURY — At h , etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	298. CERTIFIER (Check only one) 1 XCERTIFYING PHYS										and manner as stat		
TO BE C		Le C Lewby	V LTI	200	SN	29c. Li 147	20(S.	CAROLINA	29d. DA	JI - C	Month, Day, Year)		
_	The state of the s	HO COMPLETED CA	JSE OF DEATH (IT) JSN	EM 27) (1)p	e, Print)								
/	31. DATE FILED (Month, Day, Year)	.,,		C	" (/	1000		4 2/1	37	270	<u></u>		



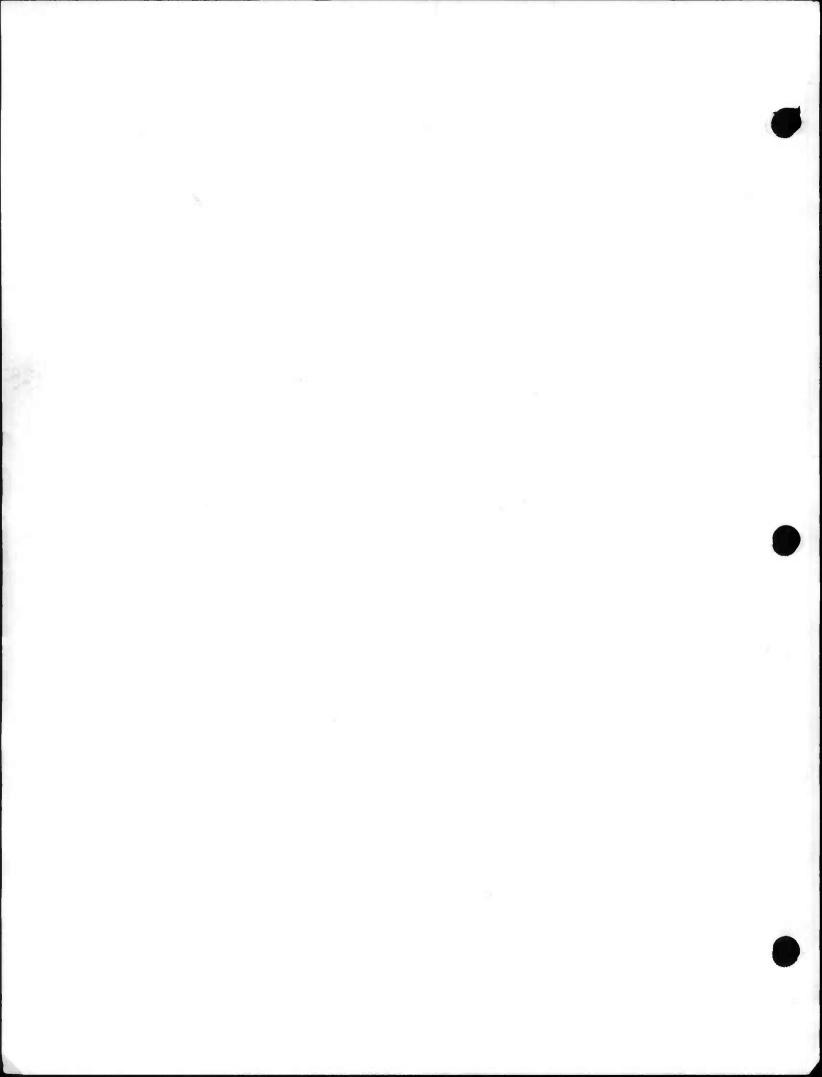
TO BE COMPLETED BY FUNERAL DIRECTO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 31980

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.	EAO	31900	
1. DECEDENT'S NAME (First, Middle, Li	zvgmunt Miec	zvslaw. Zaki	rzewski		Indeposit .		2.4	
183-28-1312	5. SEX / 6. AGE	(In yrs. less birthday) F	UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. HOURS MIN, R LOCATION OF DE	7. DATE OF BIRTH (Month IDay, Year) May 2, 19	S, Bi	RTHPLACE (State or Foreign Duntry) Trembowla oland	
	an Hospital			Bethesda		4	Montgomery	
	Maryland Montgomery			lney zip code		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO DE WHAT COUNTRY?		
16700 Ba 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				IIC ORIGIN? (Specify Yes	ed States AACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (1-4 or 5 +)			N at of working	16b. KIND OF BU	SINESS/INDUSTR		
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		al Firm	
Jozef 19a. INFORMANT'S NAME (Type/Print) Adam Zakrze	Zakrzewski wski			nd Number or Rural I	2. DATE OF DEATH MONTH OCTOBER 2 7. DATE OF BIRTH (Month logy, Waler) May 2, 19 EATH 2. DATE OF BIRTH (Month logy, Waler) May 2, 19 EATH 2. DATE OF BIRTH (Month logy, Waler) May 2, 19 EATH 2. DATE OF BIRTH (Month logy, Waler) 16b. KIND OF BUSING Archi Archi Ame (First, Middle, Malden Salia Malewi Route Number, City or Revn P. O. Box 25 Co. Loc Inc. Bet ACLUTY Chase, Isaach as cardiac or respirate to the scardiac or respirate to the cause(e) and men to time, date and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e) and piace, ence to the cause(e			
28a. METHOD QE DISPOSITION 1	Removal from State	other place) Montgomery	ON (Name of cent	netery, cremetory or torium I	nc. Bet	CATION — City of		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROPERT A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 2057/Wis Avenue Bethesda, Maryland 20814 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest,								
shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. FENEL DUE TO (OR AS	A CONSEQUENCE OF):	ne				Interval Betwee Onset and Deat 2 day S 2 mus	
PART II. Other aignificant cond	itions contributing to death	but not resulting in	the underlyin	g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 🐒 NO	HOSPITAL;		THER:	ACE OF DEATH (Ch	124 - 42 - 124 - 124			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28s. DATE OF INJURY (Month, Day, Year) Ion 28s. PLACE OF INJUR building, etc. (Sc	Y 28b. TIME (INJUR	28d. DESCRIBE HOW 28f. LOCATION (Street	and Number or Ri				
anal anal	HYSICIAN: To the best of my loc MINER: On the basis of examinat						use(e) end manner ee stated.	
29b. SIGNATURE AND TITLE OF CERT	la l	DEATH (ITEM 27) (Typs, Pr	rint)	29c. LICENSE NU	3443	▶ 26	Oct 20	
Han R.P. 31. DATE FILED (MONTH, Day, Year)	1/1acle mo 32. REGISTRAR'S SK Guliar	809 V.e GWATURE Davidson-Aland	15M.71	Rd To	lockille	, md	2082	



TO BE COMPLETED BY FUNERAL DIRECTOR

ITEM:1 per FH G-670 12/4/90 cm

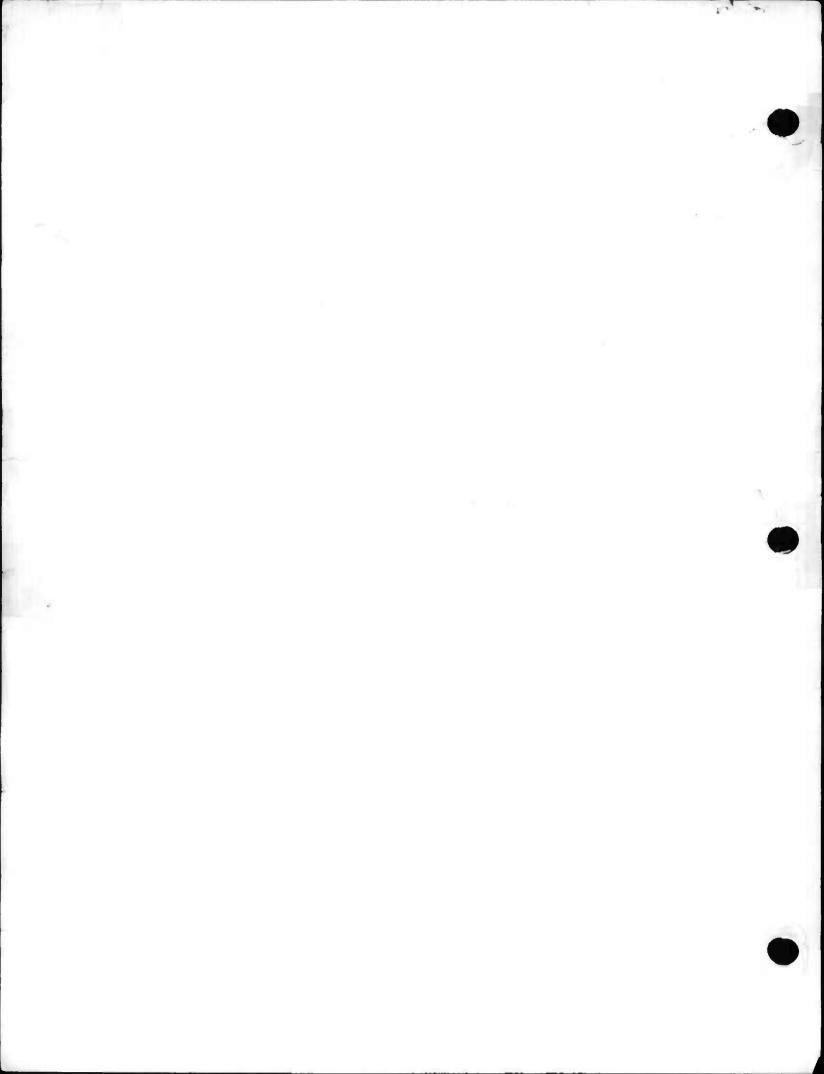
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH REG. NO.

REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	rrick Derek	Anderson	2. DATE OF DEATH MONTH -16-90	YEA	3. TIME OF DEATH 7:40AM
L SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday		7. DATE OF BIRTH		RTNPLACE (State or Foreign
262-81-0744	70 m 2 □ F 26 yrs.	MONTHS DAYS HOURS MIN.	10-15-64		1011ywood
a. FACILITY NAME (If not institution, give a	treet and number)	96. CITY, TOWN OR LOCATION OF D		9c. COUNTY C	F DEATN
5500 block cadi	llas Avenue	Baltimore	City		
DESIDENCE OF DECEDENT 10b. COUNT	Y 10c. C	ITY, TOWN OR LOCATION			10d. INSIDE CITY
Florida		Miami			1 F YES 2 NO
510 N.W. 179	1011000	3316 ⁰	7	10g. CITIZEN	S. A.
1. MARITAL STATUS Never Married 2 Merried Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	in, Puerto Rican, etc.)		Black, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(CATION 16a. DECEDENT (Give kind confidence (1-4 or 5+)	'S USUAL OCCUPATION If work done during most of working use retired.)	16b. KIND OF BUS	INESS/INDUSTF	Y
		Store Owner			
Arthur D. A	Anderson	18. MOTHER'S NA	ha Join	nes	
9e. INFORMANT'S NAME (Type/Print)		NG ADDRESS (Street and Number or Rural	1.4.		
1001	uis 1510	N.W. 114 lerr	ace Mic		orida 3316°
te, METHOD OF DISPOSITION Burlel 2 Cremation 3 Rea Donation 5 Other (Specify)	20b. PLACE OF DISP other place)	osition HALLANDALE C	LOVERY 20c. LOC	CATION HAL	Florida
SIGNATURE OF TUNERAL SERVICE LI	CENSEE	22. NAME AND ADDRESS OF FA	CILITY 1721-	27 N.	Monroe St
1 Correl	(COCK 28)	E.L. Phillips	F/H Balto	MD.	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE	OF):			
C	d				
PART ii. Othar aignificant conditio	na contributing to death but not resulting	g in the undariying cause given in	Part i. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDING: AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			—		XX YES 2 NO
5. WAS CASE REFERRED TO MEDICAL	T	26. PLACE OF DEATH (C	henk only one)		
EXAMINER? 1∑Nyes 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER:		Street	
. MANNER OF DEATH	26a. DATE OF INJURY 28b. 1	TIME OF 28c. INJURY AT	28d. DESCRIBE NOW I	NJURY OCCURE	ED .
1 Natural 5 Pending	11-16-90 FOUND 7	:40AM 1 TYES 2 XXNO	Subject s	shot	
3 Suicide 6 Could not be	28e. PLACE OF INJURY At home, farr building, etc. (Specify)		261. LOCATION (Street of City, or Town, State)	and Number or R	ural Route Number,
Homicide datermined		Street			lles Ave.,Ba
CHUCK OTHY	SICIAN: To the best of my knowledge, death occ ER: On the beste of examination end/or investig				use(a) end manner ee stated.
96. MONATURE AND TOTAL OF CERTIFS		29c. LICENSE NU			GNED (Month, Day, Year)
Warnte Bul	Bull	OCME			1-16-90
MARGARITA A. KO	HO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	111 Penn Str	eet,Baltim	ore,MD	21201
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			•	
NUV 2 1 ISSU	- Randall	NOV 2. 1.19	990 Lulia	Saindran	Janda 20



DHMH-16 Rev 1/89



8. BIRTHPLACE (State or Foreign Country)

10d. IHSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS

1 | YES 2 | HO

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

interval Between

Onset and Death

Maryland

90

U.S.A.

Specify:

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Shirley E. Armiger 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 M 2 F 216-18-3948 YRS. 66 7-20-24 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUHTY Maryland Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 823 Unetta Avenue 21229 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicon, Puerto Ricen, etc.) 1 Hever Merried 2 Merried 1 TYES 2 X NO Specify 3 Widowed 4 DVDIvorced 15. DECEDENT'S EDUCATIOH (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 9th grade Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Meiden Surneme) Harry Houck Maude Smith 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Michael Armiger 722 S. Hanover St. Baltimore, MD 21230 20a. METHOD OF DISPOSITION
1 (2) Buriet 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Loudon Park Cemetery Baltimore, MD 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. aun 4107 Wilkens Ave. Baltimore, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line IMMEDIATE CAUSE (Final disessa or condition eliores motory reaulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY lailur 1 YES 2 NO Panouet 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 HO 1 Inpetient 2 ER/Outpetient 3 DOA ng Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26s. DATE OF IHJURY 26b. TIME OF IHJURY 28c. IHJURY AT WORK? 284. DESCRIBE HOW IHJURY OCCURED 1 Hatural 5 Pending М 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Spec/ly) 3 Suicide 6 Could not be determined

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

traumatic CERTIFICATION other 6 MEDICAL any PHYSICIAN: 23 0 marked, BY OIRECTOR: Affi hours after de-item 28 is n COMPLETED

4 Homicide

the hospital or attending physician. edetached for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

should be d

2

Page 6 may

death.

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BOX 13146,

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OF VITAL RECORDS,

DIVISION

funeral director,

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the attending physician I Mental Hygiene prior to certificate be

n signed by the Health and N

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certificate to the State

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FUNERAL (within 72 h HOSPITAL

6

DIRECTOR

FUNERAL

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BE notified : page 5 should

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event,

261. LOCATION (Street end Humber or Rural Route Number, City or Town, State)

90. CERTIFIER	. TO CERTIFYING BUYOUSEN, T.	the best of me bearing	d	4.4	4.4 4 44	4 5 4	
(Check only	1 CERTIFYING PHYSICIAN: TO	the best of my knowledge,	death occurred at the time,	date and place,	end due to the ci	anse(s) eud manuer	es stated.

2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occursed at the time, date end piece, end due to the ceuse(s) end manner es stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	MEDICAL ST. HINES FLO	RESIDENT	452438528-665	29d. DATE SIGNED (Month, Day, Year) 11/19/90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

900 CATON AV. BALTIMORE, NID 21229 ST. ASINES DR. OCHANEY HOSPITAL 32. RISINGRAPH SIGNATURE PUNCHER

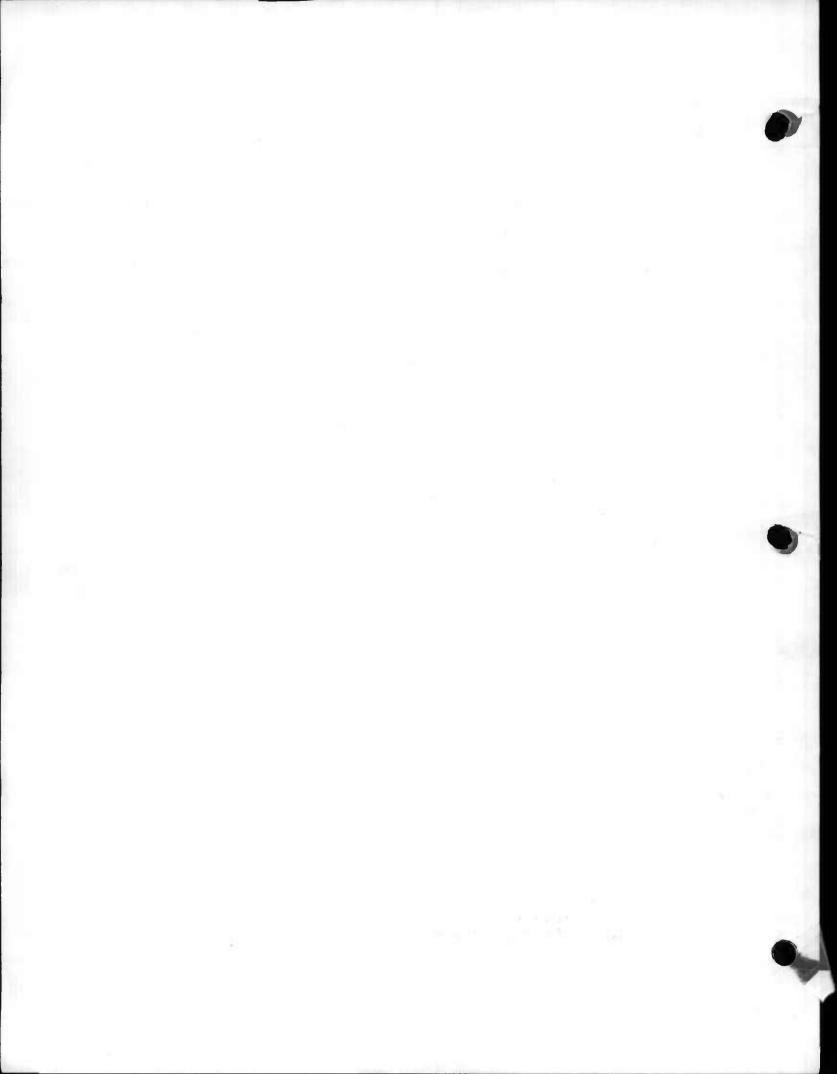
OR.

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P.O.
- RECORDS,
VITAL
OF
DIVISION

The law requires that the death certificate be executed within 2 viours after death. Page 6 may be retained by the hospital or attending physician.	can lifeate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed for item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
V: The law requires that the death certificate be executed	cate has been signed by the attending physician and com	State Dept. of Health and Mental Hygiene prior to burial, of	item 23 shows any injury, or other traumatic ev	
AUTEN PRINCIPAL	RECTOR AND THE CONTIN	IN SECTION OF THE SEC	m 20%s marked for	
TO THE HOSPITAL OF	TO THE FUNERAL DIS	be filed within 72 Lou	IMPORTANT: If Le	

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKIIF	ICATE O	DEATH	R	EG. NO.		
)	1. DECEDENT'S NAME (First, Middle, Last)			-			2. DATE OF D			3. TIME OF DEATH
1	ED (VOEG			4.3	USZEWS	7 T	MONTH	17 90 70:5		
- 3	FRANCES C.	5. SEX	B. AGE (In yrs. I		IF UNDER 1 YEAR		7. DATE OF B	ISTH.	74	70:5 AM M
		1 ☐ M 2 💢 F	88	YRS.	MONTHS DAYS		(Month, Day	y, Ybar)	Country	γ)
	217 05 9758		00	THS.				7–1902	Mar	yland
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOW	OR LOCATION OF	DEATH	9c. C	COUNTY OF DI	EATH
R	NORTH ARUNDEL HOS	PTTAI AS	COCTAT	TON	CLEN	BURNIE			A.A.	COUNTY
5	RESIDENCE OF DECEDENT	HILALI AD	MALAL	COLV	CILILIA	DOMNIL			21 • 21 •	0001111
1	10s. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	ATION				10d. INSIDE CITY LIMITS?
5	Maryland Anne	Arundel			len Bu	rnie				1 YES 2 NO
ا بر	10e. STREET AND NUMBER					IOI. ZIP CODE		10g.	CITIZEN OF W	VHAT COUNTRY?
2	6703 Rapid Wa	ter Way	Imit 2	01		21061			U.S.	λ
FUNERAL DIRECTOR	11. MARITAL STATUS	12, WAS DECEDEN			10 400 0	ECENDENT OF HISPA	INIC OBIOINS (C.	analfu Waa au Na		— American Indian,
표	1 Never Married 2 Merried	FORCES? 1	YES 2 X		If yes,	specify Cuben, Mexic	an, Puerto Rican		Black	t, White, atc.
B≺	3 🔯 Widowed 4 🗌 Divorced	IF YES, GIVE V	WAR OR DATES		1 0 1	ES 2 NO Spec	etty:		Specif	White
	15. DECEDENT'S EDUC	CATION	40- 1	DECEDENTIA	USUAL OCCUPA	PIONI	401 1/01	D OF BUSINESS	1	WILLOC
1	(Specify only highest grade	completed)	144		work done during		100, KIN	U OF BUSINESS	INDUSTRY	
=	Elementary/Secondary (0-12)	College (1-4 or 5	+)				D=	ماند المساملة		
¥	6th Grade			Clerk				çkaginç		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle		na)	
BE	Joseph	Sczepa	niak			Kath	erine M	odrak		
0	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre	t and Number or Rura	l Route Number, C	City or Town, State	i, Zip Code)	
2	Frank Anuszowsk	i -	- 1	6703	Rapid	Water Way	Gler	Burni	e. Mar	vland 21061
	20s. METHOD OF DISPOSITION		20b. PLAC	E OF DISPOS		cemetery, crematory or		20c. LOCATION		
	1 Buriel 2 Cremetion 3 Rem	oval from Stata		place)	*alona	Cemetery		Do 14 de		Marvland
	21. SIGNATURE OF PUNERAL SERVICE LA	ensex /	50.	Stall		AND ADDRESS OF F		Dalti	lore.	Maryrano
	. /.	- (/				rge J. G		meral I	Home P	.A.
	Means	2/702	re	-		1 Ritchi				
	23. PART I. Enter the diseases of called the shock, or heart (spare.	complications the	t caused tha	death. Do						Approximate
	The state of the s	List only one cat	use on each fi	na.	K	10.0	- 16	1 1		Intarval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition			V	\leftarrow	IVNO	RXX	19		Onset and Death
	resulting in death)	4			1	1				
		DUE TO	(OR AS A CONS	SEQUENCE O	9:					
Z	Sequentially list conditions,	b		U >	, (
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE O	F):					
2	CAUSE (Disease or Injury	с								
는	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEQUENCE O	F):					
H	resulting in death) Exst	d								
	PART II. Other algolificant condition	a centributing to	death but no	t resulting	in the underly	ing cause given i	n Part I. 24	. WAS AN AUTO	PSY ZAh	. WERE AUTOPSY FINDINGS
EDICAL		1) 7				mg cases given .		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă		,					1[YES 2 N	0	OF DEATH?
ME		1								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (Check only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Sc	pecify)		
≟	27. MANNER OF DEATH	28e. DATE OF	FINJURY	26b. Tik	NE OF 28c.	NJURY AT	28d. DESCRI	BE HOW INJURY	OCCURED	
	1 Natural 5 Pending	(Month, L	Day, Year)	IN.	JURY M 1	WORK? YES 2 NO				
BY	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE C	OF INJURY — AL	home farm			28f LOCATIO	ON (Street end Nu	imber or Rural	Boute Number
	4 Homicide Scould not be		etc. (Specify)					own, State)		
ᇤ										
로	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	f my knowledge,	death occur	red at the time, o	ste end place, end d	ue to the cause(e) end manner a	a stated.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of e	examination end/	or investigati	on, in my opinio	, death occured at t	he time, date end	f place, end due	to the ceuse(e) and manner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIE	ROTO	0 1	1		29 LICENSE N	UMBER_ (7) 29d.	DATE SIGNE	(Month, Qay, Year)
0	you	1000	, MD	16.		14.10	150	8 1	11/	19/01
2	30. NAME AND ADDRESS OF PERSON WH	OMPLETED CAU	JSE OF DEATH (TEM 27) (Type	a, Print)				/	11-4)
	GAYOSO, ELMO M.,					ROAD/ARN	OLD MA	RYI.AND	21012	
	31. DATE FILED (Month, Day, Year)					MOLID/ AMIN	July, ITA	WI TOUID	21012	
	NOV 2 1 1990 4	he Davidson	ARTHIGHATUR	-						
	1101 2 1330		`				4			
		,								OHMH 16 Day 1/00



1990

2. TIME OF DEATH 7:30 A M

2. DATE OF CEATH NOV 19,

1 - FOR STATE REGISTRAR

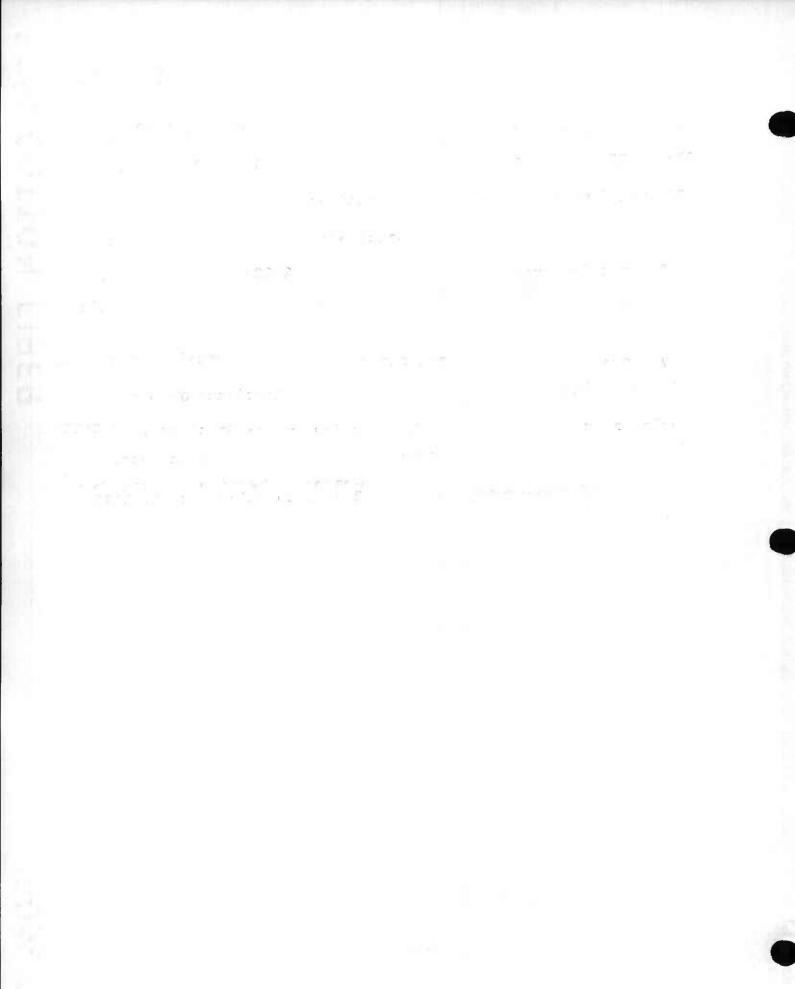
1. OECEOENT'S NAME (First, Middle, Last)

Helen May Bauernfeind

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04	w paur	-
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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after of	and a second second second second second second second second second second second second second second second
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	213-01-22	208	1 M 2Z F	89	"	NTHS DA	_	MIN.	7-5-			Country) Md.	State or Po
NO B	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH 420 Overview Avenue Baltimore												
DIRECTOR	RESIDENCE OF DE		10c. CITY, 1	OWN OR L	OCATION					10d, IN	SIDE CIT		
	10e. STREET AND NUMBE	:a			Ba	ltin	OTE)E			4A- CITITEN	1 OF WHAT CO	ES 2
RA	420 OVE					IOI. ZIP COL		224				ONTHY	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Di	Married	12. WAS DECEDED									RACE — Ame Black, White, Specify: W1	
回		ECEDENT'S EO		16a. I	DECEDENT'S US (Give kind of world fe. Do NOT use n	UAL OCCU	PATION g most of work	ing	16b. KI	ND OF BUSI	NESS/INDUS	TRY	
COMPLET	Elamentary/Secondary		College (1-4 or 5	+)					F	neta	ing I	Dept.	C.I.
MO	7th Gr 17. FATHER'S NAME (First,	alesl	ady	18. MOT	THER'S NA	ME (First, Midd			Jept.	St			
ш	William					enrie			26				
00	19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING AT	DRESS (St	reet and Numbe						
٩	Doris Ka	420 (ver	view	Ava	nua B	alti	more	ма	212			
	20a, METHOD OF DISPOS 1 Burial 2 Crema	tion 3 Aer	20b. PLAC	E OF DISPOSITION PROPERTY OF THE PROPERTY OF T	ON (Name	of cometery, cre	matory or		20c. LOCA	ATION — City	or Town, Stat	ln	
	4 Donation 8 Oth	LKWOO] Ba	ltimo	re, l	1d.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH N. Zannino Funeral Home 263 S. Conkling Street, 21224 23. PANT I. Enter the diseases, or complications that caused the death. Dp not anter the mode of dying, such as cardiac or respiratory arrest, Approx												ome
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST										\$ 0°		
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 VES 2 NO								COMPL OF DE/ 1 Y	BLE PRIC ETION O ATH? 'ES 2			
SICIAN:	25. WAS CASE REFERRED	TO MEDICAL	ICAL 26. PLACE OF DEATH (Check only one)								1		
Sign	EXAMINER?	TO MEDICAL	HOSPITAL:	☐ E9/Outpetlent		THER:	/		ran early	Donall d			
РНҮ	27. MANNER OF DEATH	Pending	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home Rasidence 8 Other (Specify) 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? WORK? WORK? M 1 VES 2 NO								NED		
TED BY	2									Rural Route Nu	mber,		
COMPLE	anel	EDICAL EXAMIN	SICIAN: To the best of				ion, death occ	ured at the	e time, data an		due to the o		
TO BE	30. NAME AND ADDRESS	Han	nhel 1	MO USE OF DEATH (I	TEM 27) (Type, P	int)	D	38	390	2014 1	>//	IGNED (Month,	- 8
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	1 - FOR STATE OF M	ARYLAN	D / DEPARTM CERTIFICA		EALTH AND W	MENTAL HYGI REG.	ENE	00 01000			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	SARAH BRAGER					NOVEMBER					
		6. AGE (In yr	MON	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	7) 6.	. BIRTHPLACE (State or Foreign Country)			
	1 □ M 2 😾 F	85	YRS.			7-11-19		MARYLAND			
œ	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSP	ፐጥለ፣			R LOCATION OF DEA RE CITY	ATH		Y OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	TIAL		ALIIMU	KE CITY		DALI	IMORE CITY			
EC	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?			
ā	MARYLAND BALTIMORE			BA	LTIMORE			1 TYES XX NO			
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	2429 FOREST GREEN ROAD				212			USA			
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S	S. ARMED		ENDENT OF HISPANI city Cuban, Maxican			4. RACE — American Indian, Black, White, stc.			
B≼	3 Widowed 4 Divorced IF YES, GIVE W	R OR DATES	3/1	1 🗆 YES	NO Specify:			Specify: WHITE			
	16. DECEDENT'S EDUCATION	16	. DECEDENT'S USU			16b. KIND OF	BUSINESS/INDUS	STRY			
<u>H</u>	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +)		(Give kind of work life. Do NOT use ret	done during mo: tired.)	st of working						
MPL	9		OFFIC	E MANA	GER		LAW OF	FICE			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAM						
BE	BEMJAMIN YAR	FE				ETTA SHE					
户	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural R GE LANE						
	MR. BERNARD BRAGER	T non Bi					BALTIMOR				
	Burial 2 Cremation 3 Removal from State 4 1 Denation 5 Other (Specify)	ott		ION (Name of cometery, cramatory or PREW YOUNG MENS BALTIMORE, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA			CILITY COT T	& BROS., INC.				
	* Agolney - Stillner	نسبا		6010	REISTERS		BALTO., MD 21215				
AL CERTIFICATION	shock, or Heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to join as a consequence of: Due to join as a										
BY PHYSICIAN: MEDICAL	Hosting of Me	* 300	1-		1 🗆 YE	COMPLETION OF CAUSE OF DEATH? 1 YES 2 -NO					
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			THER:	ACE OF DEATH (Che						
14S	1 YES 2 NO 1 I Tripetlant 2 27. MANNER OF DEATH 28a. DATE OF		28b, TIME O		e 5 ☐ Realdence		OW INJURY OCCU	RED			
/ PI	1 Natural 5 Pending (Month, De	y, Year)	INJURY	WO	RK? YES 2 NO						
	2 Accident Investigation 3 Suicide 8 Could not be determined 26a. PLACE OI building,	INJURY — nc. (Specify)	At home, farm, stree	et, factory, offic		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of an MEDICAL EXAMINER: On the beat of an										
	296. SIGNATURE AND HTLE OF CERTIFIER	·			29c. LICENSE NUM	IBER	29d. DATE	SIGNED (Month, Day, Year)			
) BE	Z. I / mose m	D.		= 1	ESS	83.	▶ ,,	lizko.			
T0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	_	I (ITEM 27) (Type, Prin	nt)							
	TRAIT C. THUPSON	M.D	. 100	m>	Hereins	set .	· TA.				
	31. DATE FILED (MONTH) Joy, Year) 1 199 32. REGISTRA	Payde	IRE Don-Randall	٤							

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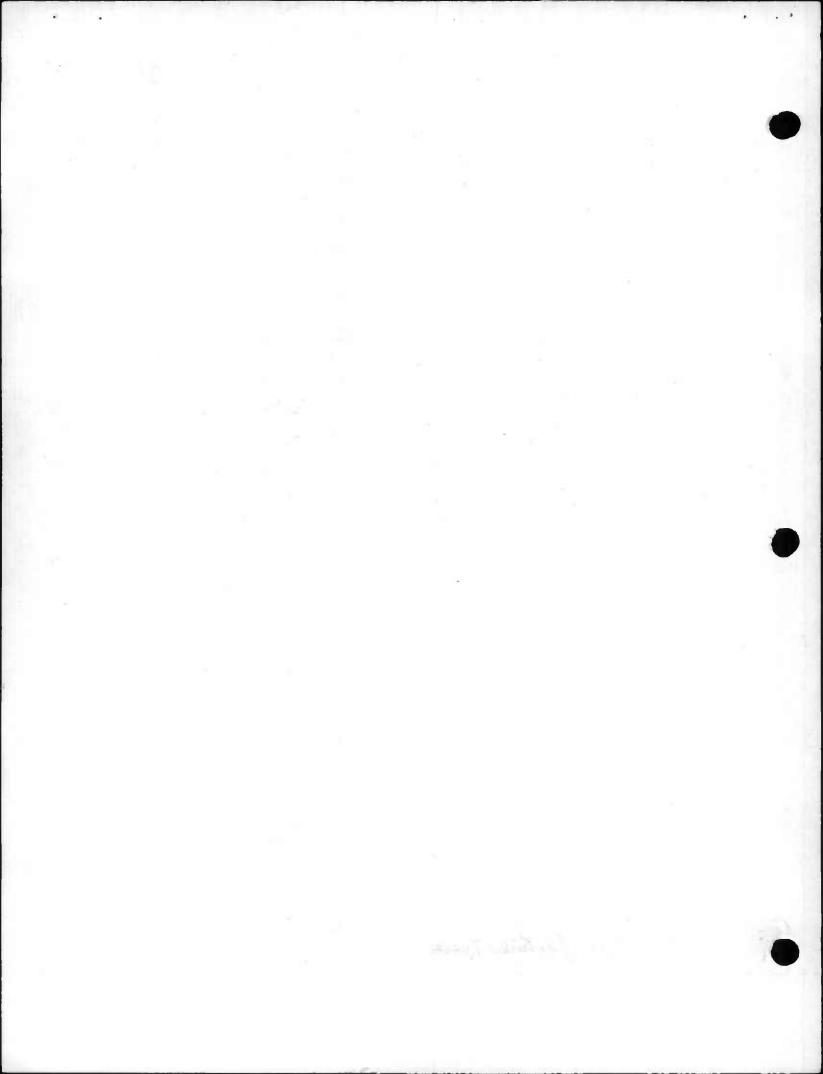
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1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPA CERTI					MENTAI	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last MOZEL	0.	BRO	WN				2. DATE MONTH	OF DEATH	190	ZEAR	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda		R 1 YEAR	1	R 24 HRS.		OF BIRTH	1 0	BIRTHPLA	CE (State or Foreign	
509-18-3706 9e. FACILITY NAME (If not Institution, give	1 M 2 F	79 YRS	MONTHS	117	HOURS	MIN.		26-11			IE, OKLA.	
									96. COUNT		4	
VA MEDICAL CENTI	SR .					т, М).		CECI	.L		
VA MEDICAL CENTI RESIDENCE OF DECEDENT 100. STATE 100. COUN DC	ΤΥ		hing		TION						I. INSIDE CITY LIMITS? X YES 2 NO	
1029 Girard St 1. MARITAL STATUS 1. Mever Merried 2 Merried			•		f. ZIP COD	E			10g. CITIZE	N OF WHAT	COUNTRY?	
1029 Girard St				2	0017					US	SA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED I YES 2 NO MAR OR DATES THV)	13	If yes, sp		en, Mexica	n, Puerto I	1? (Specify Yea Rican, etc.)	or No 14		E — Americen Indien, ok, While, atc. Black	
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12) 12 Yrs 17. FATHER'S NAME (First, Middle, Last)	DUCATION de completed) College (1-4 or 5	16a. DECEDENT (Give kind iife. Do NOT	of work done use retired.	OCCUPATION DURING MINISTRA	ON ost of work	ing	16b	. KIND OF BUS	INESS/INDUS	STRY		
12 Yrs	None	Govt	стр									
								Viddle, Meiden S				
John Ellis Bro	own	l con many	10 10000		_	eorge			raves			
Edwin	Brown Sr		as					ber, City or Town	i, State, Zip Ci	ode)		
20s. METHOD OF DISPOSITION		20b. PLACE OF DISF other place) Quantico	OSITION (leme of ca					ATION — CH		State	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/			ND ADDRI	ESS OF FA	CILITY	~			т	
Juan	Smill			3015	12tl	n ST	NE,	n T Rh DC 200	17	LO.,	Inc	
23. PART I. Enter the diseeses, o shock, or heart fellum	complications the List only one ce	et caused the deeth. Deuse on each line.	not ente	r the me	ode of dy	/ing, suc	h ss cere	disc or respli	ratory arres	rt,	Approximate Interval Batwee	
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	PNEU	MONIA									Onset and Deat	
	DUE TO	OR AS A CONSEQUENCE	OF):									
Sequentially list conditions, if any, leading to immediate	D	ESTIVE HEAR		LURI								
Sequantisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C											
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE	OF):									
	d											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH	one contributing to	death but not resulting	g in the u	Inderlylr	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
							- 1			1	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF	DEATH (Ch	eck only or	10)				
1 VES 2 X NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO/	OTHE		ne 5 🗆 F	tesidence	8 🗆 Othe	r (Specify)				
I 1 4 Natural 3 Pending			IME OF NJURY M	AE OF 28c. INJURY AT 28d. D				. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not b	28e. PLACE	OF INJURY — At home, fart, etc. (Specify)	n, street, fa	ctory, offi	00		28f. LOC City	ATION (Street a or Town, State)	nd Number or	Rural Route	Number,	
anal		f my knowledge, death occ									d manner ee stated.	
29b. SIGNATURE AND TITLE OF CENTIF			·			ENSE NUI					onth, Day, Year)	
30, NAME AND ADDRESS OF PERSON Y	on who								▶ /	115	190	

21902

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VAMC, PERRY POINT, MD. 32 BEGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89



hospi	ached	93
the	det	5
B	28	H
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If hem 28 is marked or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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J within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for helped within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event.
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2	23	3

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT					GIENE G. NO.	9 () 3	198	7
	1. DECEDENT'S NAME (First, Middle, Last) Ha	nson	EARL	2.6	Caldw	ell			2. DATE OF DE MONTH 11-18	-90 pay	YEA	AR .	: 40PM	м
	4. SOCIAL SECURITY NUMBER 201-03-2938	5. SEX	8. AGE (In yrs. les	- 1/	IF UNDER		IF UNDER	MIN.	7. DATE OF BIF (Month, Day,	TTH Year)	8. B		E (State or Foreign	7
اچ	90. FACILITY NAME (If not institution, give 3230 Belmont A	,						ON OF DE		9-	c. COUNTY (OF OEATH		
181	RESIDENCE OF DECEDENT	Verrae						-						
DIRECTOR	10e. STATE 10b. COUNT	ry		10c. Cf1	TY, TOWN OF		TON						INSIDE CITY LIMITS? YES 2 NO	
₽	10e. STREET AND NUMBER					101	. ZIP COD	E		10	0g. CITIZEN		COUNTRY?	
FUNERAL	3230 Delmo	MI H	42				6	1/2	16		u	15,		
5	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. AR						IIC ORIGIN? (Spe n, Puerto Rican,		No- 14, I	RACE A	merican Indien,	
A	1 Never Merried 2 Merried 3 Widowed 4 Divorced		AAA OR DATES		i	☐ YES	2 XNO	Specify		uro.,		12	no	
COMPLETED	15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)		(G	CEDENT'S	work done d	CUPATIO	ON isl of world	ng	16b. KIND	OF BUSINE	ESS/INDUSTI	ay /		
	17. FATHER'S NAME (First, Middle, Last)	Calder	//	-112			18. MOT	HER'S NA	ME (First, Middle,	Maiden Sun	meme)	-		
TO BE	190. INFORMANT'S NAME (TypePyth)	Aldwe	// 19	b. MAILIN	30 K	(Street a	md Number	or Rural I	Route Number, Cit	y or Town, S	State, Zip Code	10:	21211	
	204. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rei Donation 5 Other (Specify)	moval from State	20b. PLACE other pl	lace) t	SITION (Ner	OY	metery, cre	metory or	cm.	20c. LOCAT	TION City	or Town, S	itate	
1 1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. 1	NAME AP	ND ADDRE	SS OF FA	CILITY					
Ш	bets Fu	nexal	Hone		1.	12	910	1. (HAL	lin	8 5	~		
	23. PART I. Enter the diseases, pr shock, or heart fellure				not enter	tha mo	da of dy	ing, auc	h as cardiac c	r respirat	tory srrest,		Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	Artor	iosclero	tic	cardi	0772	coul	ar d	icasca				Onset and De	eath
	resulting in death)	3	OR AS A CONSE			Ova	SCUL	ar a.	130430					
TION	Sequantielly liet conditions, if any, leading to immediate	b	OR AS A CONSE	OUENCE (OF):		-							-
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Diseasa or injury that initiated events	c	OR AS A CONSE	OUENCE (OF):									_
E	resulting in death) LAST	d												
ابا	PART II. Other significant condition	ons contributing to	death but not	resulting	in the un	deriyin	g cause	given in	Part i. 24a.	WAS AN AU			E AUTOPSY FINDI	NGS
MEDICA										YES 2		COI	LABLE PRIOR TO IPLETION OF CAUS	SE
										1 1 1 2 2	,,,,,		YES XENO	
ä									_ IN	SPECT	TION			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF	DEATH (Ch	eck only one)					
YSI	1 XXES 2 NO		☐ ER/Outpatient :	3 🗆 DOA	OTHER 4 □ Nun	t; sing Hon	10 5XX	lesidence	6 - Other (Spe	clfy)				
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident investigation	176.25	F INJURY Day, Year)	26b. TI	ME OF JURY M	W(PURY AT ORK? YES 2	□ NO	28d. DEŞCRIB	E HOW INJU	URY OCCURE	ED		
8	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE building	OF INJURY — At he i, atc. (Specify)	ome, farm.	street, fact	ory, offic	:0		281. LOCATION City or Tow		1 Number or F	ural Floute	Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY (Check only one) 2 XXMEDICAL EXAMI	SICIAN: To the best of										use(e) and	i manner ea atate	ıd.
BE	29b. SIGNATURE AND TITLE OF CERTIF	Ung h						CME	MBER	2	DATE SIG	3NED (Moi 1-19	-90	
10	30. NAME AND ADDRESS OF PERSON V DONALD WRIGHT		JSE OF DEATH (ITE	EM 27) (Typ	e, Print)	enn	Str	eet,	Baltimo	re,M	D 2120	01		

32. REGISTRAR'S SIGNATURE



VC

CERNT ELIZIBETH 214228800 15041726 N F 9

31388

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	1201 R	EG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)		7 1	-1 3 3	Class C	2 DATE OF C	EATHE SHEAD	2/1/2	TIME/OF DEATH
1	ELIZABETH A		CE	RNY	N. F. W. J. M.S.	MONTH	19259	TYEAR! PY	11000
- 1			-	71 5 14	3608	11	the first	-	7-40/
	4. SOCIAL SECURITY NUMBER 5. SEX			ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF B	IRTH V. Mart	8. BIRTHPLA Country)	NCE (State or Foreign
	214-22-8800 1 D M 3 1/2 F	63	YAS.	ORTHS DAYS.	HOURS MIN.		1926	Maryla	nd
	9a. FACILITY NAME (If not institution, give street and number)			b CITY TOWN O	R LOCATION OF DE			TY OF DEAT	
-		200							
5		- 7//		Ba	<u>ltimore Ci</u>	tv			
5	RESIDENCE OF DECEDENT								2
2	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			104	d. INSIDE CITY LIMITS?
5	Maryland		F	Baltimore	City			1 [YES 2 NO
اي	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	ZEN OF WHA	T COUNTRY?
2	5600 DI 1 C: 11 A								151 77
BY FUNERAL DIRECTOR	5603 Plainfield Avenue				21206			LISA	
5	11. MARITAL STATUS 12. WAS DECED FORCES?	ENT EVER IN (J.S. ARMED		ENDENT OF HISPAN			14. RACE - Black, W	American Indian, hits. etc.
ב ו	I IF YES. GIVI	E WAR OR DAT	ES X		2 NO Specify		i, aic.)	Specify:	Titled 4100
	3 Widowed 4 Divorced				X			White	
	15. DECEDENT'S EDUCATION	- 1	16a. DECEDENT'S US	SUAL OCCUPATIO	ON	16b. KIN	D OF BUSINESS/IND	USTRY	
	(Specify only highest grade completed)		(Give kind of wor	rk done during mo	sl of working				
ا ت	Elementary/Secondary (0-12) College (1-4 or	5+)							
ğ	12		Home	maker					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Maiden Sumame)		
	Andrew E. Will, Sr.				Flizah	eth Har	mer		
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a			Olty or Town, State, Zip	Codel	
2	Company of the Compan								
- 1	Mr. Melvin J. Cerny		5603 PJ	lainrieid	Avenue	Baltimor	e. Marylan		
- 1	20a. METHOO OF DISPOSITION 1 V Burlel 2 Cremation 3 Removal from State	20b. I	PLACE OF DISPOSIT	TON (Name of cer	netery, crematory or		20c. LOCATION	City or Town,	State
- 1	4 Donation 5 Other (Specify)	Dni	uid Ridge (Cemetery	11/23/90		Baltimore	Marvl	and
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ND ADDRESS OF FA	CILITY			
- 1									
				Leonan	d J. Ruck.	Inc. 53	05 Harford	Road 2	1214
\neg	23. PART i. Enter the diseases, or complications t	that caused t	tha daeth. Do no						Approximate
	ahock, or heart fallure. List only one of				,,,			,	interval Between
- 1			J. 19110.						
- 1	IMMEDIATE CALLER (Final		/	/	1		1 . 0		Onset and Death
	IMMEDIATE CALLER (Final		/	chage	from	- Mu	refused		
	IMMEDIATE CALLER (Final		CONSEQUENCE OF:	chage	from	- Me	pares		
	IMMEDIATE CALLER (Final		CONSEQUENCE OF:	dage	from	- Mu	ptures		
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE Sequentielly list conditions,	TO (OR AS A C	CONSEQUENCE OF:	chage	from	- Mu	pfures		
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE Sequentielty list conditions, if any, leading to immediate	TO (OR AS A C	CONSEQUENCE OF):	chage	from	nu m	ptures		
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A C	CONSEQUENCE OF):	ed a	from	m	pAures		
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اد	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	TO (OR AS A C	CONSEQUENCE OF:	ed a	verys	<u> </u>	y Aug S		
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DICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	TO (OR AS A C	CONSEQUENCE OF:	ed a	verys	Part I. 244	II. WAS AN AUTOPSY	AV CC OF	Onset and Death 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	TO (OR AS A CO TO (OR AS A CO)))))))))))))))))))))))))))))))))))	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in 266. TIME INJU At home, farm, str	28. PIOTHER: I Mursing Horn OF 28c. IN: WC M 1	g cause given in	Part I. 24d 1 1 1 28d. DESCRI	I. WAS AN AUTOPSY PERFORMED? YES 2 NO Decify)	CURED	Onset and Death 1 2 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 2 Accident Selection 2 Se. PLAC	TO (OR AS A CONTO (OR	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in 266. TIME INJU At home, farm, str	28. PIOTHER: I Mursing Horn OF 28c. IN: WC M 1	g cause given in	Part I. 24d 1 1 1 28d. DESCRI	a. Was an Autopsy Performed? ☐ YES 2 ☐ NO Decify) BE HOW INJURY OC!	CURED	Onset and Death 1 2 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER CERTIFYING PLYSICIAN: To the base	TO (OR AS A CONTO (OR	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in tient 3 □ DOA 14 26b. TIME INJU	the underlying 28. PI OTHER: Nursing Hom RY M 1 Treet, factory, office	g cause given in LACE OF DEATH (Ch. 10 5 Realdence SURY AT 70K7 YES 2 NO	Part I. 244 1 (Other (Sp. 28d. DESCRI 28f. LOCATIC City or R	a. WAS AN AUTOPSY PERFORMED? YES 2 NO DOCCITY) BE HOW INJURY OCCUPANT, State)	CURED OF Bural Boul	Onset and Death 1 2 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. OATE (Mont) 29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best Check only	TO (OR AS A CONTO (OR	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in tient 3 DOA 2 26b. TIME INJUI	the underlying the un	g cause given in LACE OF DEATH (Ch. The 5 Residence SURRY AT SIRK? YES 2 NO The and place, and dus	Part I. 244 1 [Other (Sp. 28d, DESCRI 28f, LOCATIC City or R	a. WAS AN AUTOPSY PERFORMED? YES 2 NO DOC(Ify) BE HOW INJURY OCC ON (Street and Number and Number) a) and menner as state	CURED CORED	Onset and Death 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TO (OR AS A CONTO (OR	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in tient 3 DOA 2 26b. TIME INJUI	the underlying the un	g cause given in LACE OF DEATH (Ch. The 5 Residence SURRY AT SIRK? YES 2 NO The and place, and dus	Part I. 244 1 [Other (Sp. 28d, DESCRI 28f, LOCATIC City or R	a. WAS AN AUTOPSY PERFORMED? YES 2 NO DOC(Ify) BE HOW INJURY OCC ON (Street and Number and Number) a) and menner as state	CURED CORED	Onset and Death 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 27. MANNER OF DEATH 28e. OATE (Mont) 28. VASI CASE REFERRED TO MEDICAL 29. CAST COULD NOT 29. CERTIFIER (Check only one) 29. MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL EXAMINER: On the basic of MEDICAL EXAMINE	TO (OR AS A CONTO (OR	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in tient 3 DOA 2 26b. TIME INJUI	the underlying the un	g cause given in LACE OF DEATH (Ch the 5 Gealdence JURY AT TYPES 2 NO te a and place, and dua death occured at the	Part I. 244 1 1 1 28d. DESCRI 28f. LOCATIC City or R	a. WAS AN AUTOPSY PERFORMED? YES 2 NO DECITY DIN (Street and Number on the control of the con	CURED or Rural Rout led.	Onset and Death 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TO (OR AS A COME TO (OR	CONSEQUENCE OF: CONSEQ	the underlying 28. Pi OTHER: I Nursing Hor OF XY M I I The time, data I at the time, data I, in my opinion, of	g cause given in LACE OF DEATH (Ch the 5 Gealdence JURY AT TYPES 2 NO te a and place, and dua death occured at the	Part I. 244 1 1 1 28d. DESCRI 28f. LOCATIC City or R	a. WAS AN AUTOPSY PERFORMED? YES 2 NO DECITY DIN (Street and Number on the control of the con	CURED or Rural Rout led.	Onset and Death 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TO (OR AS A COME TO (OR	CONSEQUENCE OF: CONSEQ	the underlying 28. Pi OTHER: I Nursing Hor OF XY M I I The time, data I at the time, data I, in my opinion, of	g cause given in LACE OF DEATH (Ch the 5 Gealdence JURY AT TYPES 2 NO te a and place, and dua death occured at the	Part I. 244 1 1 Seck only one) 6 Other (Signature) 28f. LOCATIC City or R 28f. LOCATIC When the cause(s) 1 time, data and MBER	a. WAS AN AUTOPSY PERFORMED? YES 2 NO NO (Street and Number and	CURED or Rural Roul led. he cause(a) as	Onset and Death 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: HO	TO (OR AS A CONTO (OR	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in tient 3 DOA 14 28b. Time INJU At home, farm, str y) TH (ITEM 27) (Type, F	the underlying 28. Pi OTHER: I Nursing Hor OF XY M I I The time, data I at the time, data I, in my opinion, of	g cause given in LACE OF DEATH (Ch the 5 Gealdence JURY AT TYPES 2 NO te a and place, and dua death occured at the	Part I. 244 1 1 Seck only one) 6 Other (Signature) 28f. LOCATIC City or R 28f. LOCATIC When the cause(s) 1 time, data and MBER	a. WAS AN AUTOPSY PERFORMED? YES 2 NO NO (Street and Number and	CURED or Rural Roul led. he cause(a) as	Onset and Death 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. OATE (Mont) 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of the conditions of the conditions of the	TO (OR AS A COME TO (OR	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in tient 3 DOA 14 28b. Time INJU At home, farm, str y) TH (ITEM 27) (Type, F	the underlying 28. Pl OTHER: 5 Nursing Horr OF 28c. IN. WC M 1 rest, factory, office I at the time, data, in my opinion, c	g cause given in LACE OF DEATH (Ch the 5 Gealdence JURY AT TYPES 2 NO te a and place, and dua death occured at the	Part I. 244 1 1 Seck only one) 6 Other (Signature) 28f. LOCATIC City or R 28f. LOCATIC When the cause(s) 1 time, data and MBER	a. WAS AN AUTOPSY PERFORMED? YES 2 NO DECITY DIN (Street and Number on the control of the con	CURED or Rural Roul led. he cause(a) as	Onset and Death 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

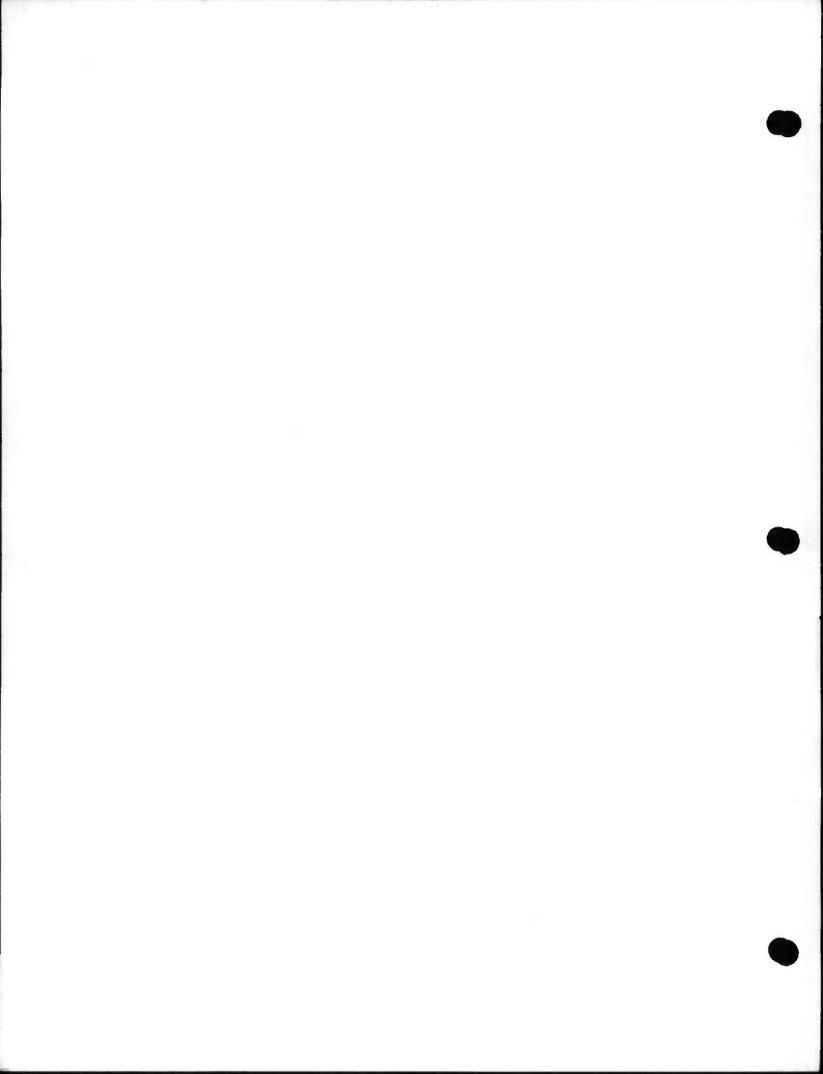
BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

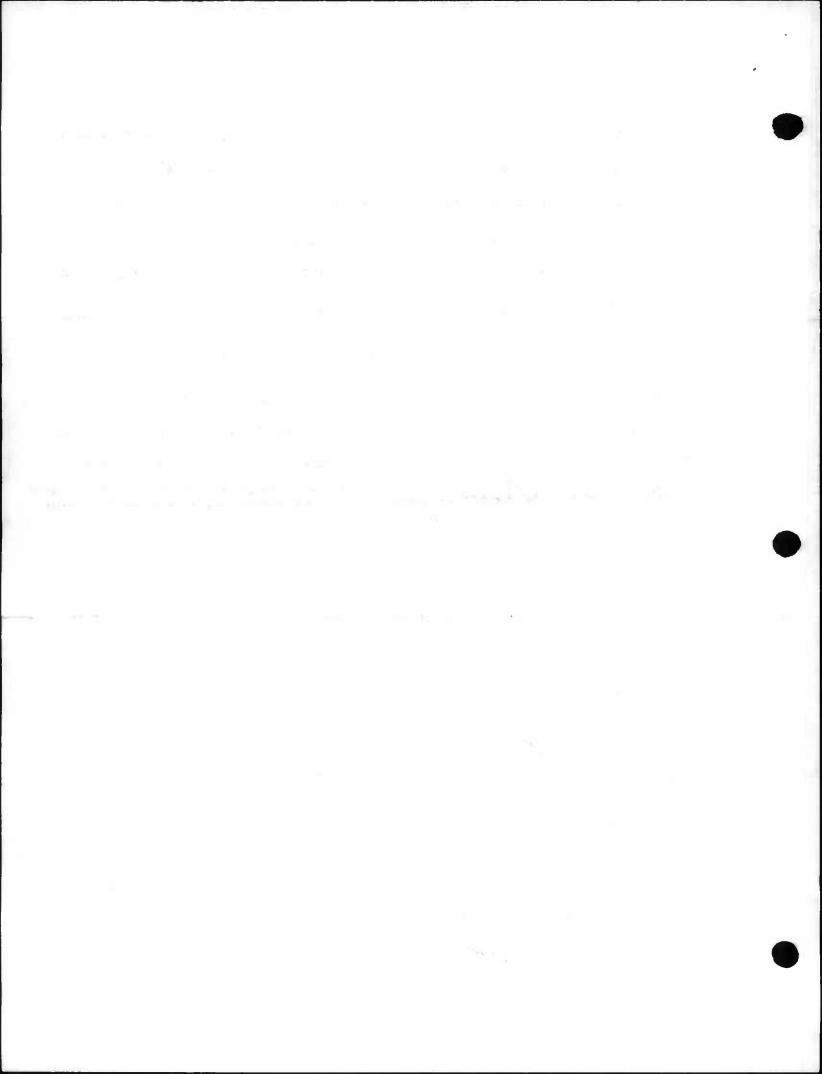
TO THE FULLEN. WHETHER, State this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev t/89



	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGI		90 31989
,	1. DECEDENT'S NAME (First, Middle, Last) ELSA CIKK					2. DATE OF DEATH MONTH Novembe		3. TIME OF DEATH 990 2:25 A M
	577 56 5862	□ M 2 XXF	76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year June 21		n. BIRTHPLACE (State or Foreign Country) Austria
TOR I	9a. FACILITY NAME (If not institution, give street Washington Advent				or Location of De a Park	ATH		Montgomery
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	e George's	10c. CITY,	TOWN OR LOC	TION Hyattsvil	le.		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 7630 West Park D:	rive		,	20783			United States
BY FUN	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 100	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexice S 2 NO Specify	n, Puerto Rican, etc.		4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	Ge. DECEDENT'S U (Give kind of we Me. Do NOT use Seamst	ork done during n retired.)	ION lost of working	166. KIND OF	ents	STRY
	17. FATHER'S NAME (First, Middle, Last) Jacob Schwartz					ME (First, Middle, Mai		- \
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	Maria and Number or Rural	(unascer		
임	Robert Cikk		7630 V	West Pa	rk Drive,	West Hy	attsvil	le, Maryland
	20a. METHOD OF DISPOSITION 5C Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al from State	PLACE OF DISPOSI other place) unt Leba		emetery, crematory or metery			lty or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN Ornald C.		myer	DONAL		N HEBREW		AL FUNERAL HOM
	23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	C4ndiac DUE TO (OR AS A C	consequence of):		h as cardiac or n	espiratory arres	st, Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	My O CAY DUE TO (OR AS A C						4 W
BY PHYSICIAN: MEDICAL C	PART II. Other significent conditions		t not resulting Ir	n the underlyl	ng cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (Ch	eck only one)		
IXSI		28a, DATE OF INJURY		4 - Nursing Ho	me 5 - Residence	6 Other (Specify)	W IN HIEW OCCI	ADEO.
λ b	1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY Y	YES 2 NO	200. DESCRIBE IN	W INSUNT OCCU	, neo
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif		treet, factory, of	Ice	281. LOCATION (St. City or Town, S		or Rural Route Number,
COMPLETED	(Orleck Orli)	AN: To the best of my knowle On the basis of examination						d, cause(s) end manner as stated,
	296. SIGNATURE AND TITLE OF CERTIFIER	1: 0			29c. LICENSE NU	MBER	1	SIGNED (Month, Day, Year)
O BE	Webus Bull	illes			01742		11/	14/90
	on NAME AND ADDRESS OF PERSON WHO O	oldberg, M.	D., 110	Sprin	g Street	, Silver	Spring,	Maryland 20910
	NOV 2 1 1990	32. REGISTRAR'S SIGNA	TURE					

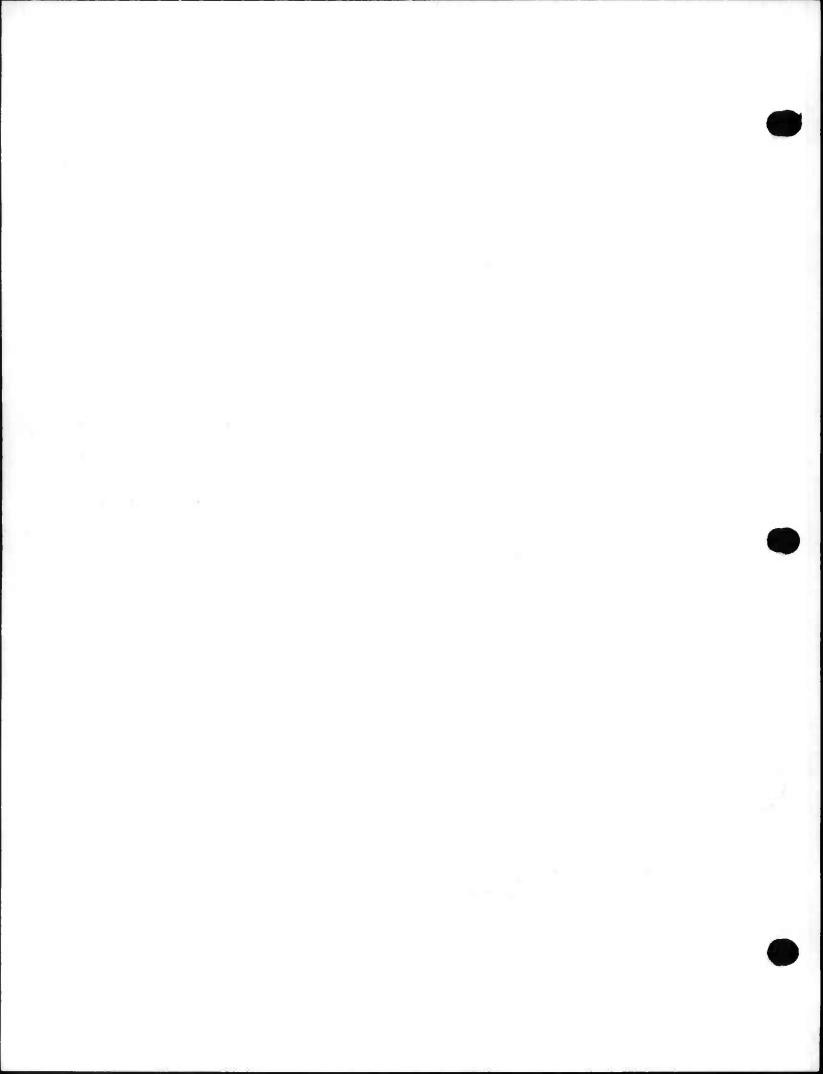


AN: The law requires that the death certificate be executed within 2—30rs after death. Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 WITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AI		NTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	1)				2	DATE OF DEATH		3. TIME OF DEATH
CHERYL		COLL	INS			11 16	_	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 Y		HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign
220 70 1658	1 M 2 TF	33 YRS.	- C	AIS HOOKS IN		11-20-19		Md.
9a. FACILITY NAME (If not institution, give	e atreet end number)		9b. CITY, TO	OWN OR LOCATION	OF DEAT	1	9c. COUNTY	OF DEATH
4201 Penningto	on Avenue	Apt. 201	В	altimore	Cit	у	===	====
10e. STATE 10b. COUR	NTY	10c. CITY,	TOWN OR	LOCATION				10d. INSIDE CITY
Md. ==:	=====	Ba	alti	more Ci	ty			LIMITS?
100. STREET AND NUMBER 4201 Pennin	gton Ave.	21226		101. ZIP CODE 2122	6		10g. CITIZEN	DE WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	lf y	B DECENDENT OF H De, specify Cuben, R YES 2 NO	Aexicen, F	ORIGIN? (Specify Yea (Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
3 Widowed 4 Divorced		I				T	1	
15, DECEDENT'S E (Specify only highest gra	ade completed)	(Give kind of wo	ork done dun	JPATION ing most of working		16b. KINO OF BUSI	NESS/INDUST	TRY
Elementery/Secondary (0-12)	College (1-4 or 5+)			employ	ee	Calve	ert D	istillery
17. FATHER'S NAME (First, Middle, Last) (Tharles	Tanner			18. MOTHER	s NAME ath	(First, Middle, Maiden S leen Vor	orname) id e rhe	orst
190. INFORMANT'S NAME (Type/Print) Richard W.	Vonderhors	196. MAILING / 427	Old	Rivers	Aural Rou ide	Rd. Ba	State, Zip Coo	ore Md.2122
20e. METHOD OF DISPOSITION 1 Burlal 2X Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from Stata	other place) Me	tion (Name	of cometery, cremeto Cremato	ry or ry	20c. LOC Ba	ATION — CHY	or Town, State ore Md.
21. SIGNATURE OF FUNERAL SERVICE	OCENSER		22. NA	ME AND ADDRESS	OF FACIL	ral Home	A	
· C. Kuk	aro Xo	ne						o.Md.21225
23. PART I. Enter the diseases, of shock, or heart fellow	or complications that cause. List only one cause on		ot antar th	a moda of dylng	, such s	s cardisc or respir	atory srreat	, Approximata Interval Between
IMMEDIATE CAUSE (Final	,,	18.702						Onset and Dasth
disease or condition resulting in death)	. Fatty Me	tamorphos:	is of	the Liv	er			
Sequentially list conditions,		Alcoholist						
If sny, lesding to immediate cause. Enter UNDERLYING								1
CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS	A CONSEQUENCE OF):					
resulting in death) LAST	d							
PART II. Other significant condit	lone contributing to death	but not regulting in	n this und	white cause also	en In De	rt I. 24s. WAS AN /	MITOREY	24b. WERE AUTOPSY FINDINGS
TART II. Other arginioant condit	contributing to death	but not readiting in	ii tiie uiidi	strying codes give	on mre	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ 1 X YES 2	□ NO	OF DEATH?
			<u> </u>			-		1 X YES 2 □ NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEA	TH (Check	only one)		l
EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:	g Home 5 🕅 Resid				
27. MANNER OF OEATH	28a. DATE OF INJUR	Y 28b. TIME	E OF 2	Bc. INJURY AT		8d. OEŞCRIBE HOW IN	JURY OCCUR	REO
XXX Natural 5 Pending Investigation	(Month, Day, Yea) INJU	M	WORK?	10			
2 Accident investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, at pecify)	treet, factor	y, office	2	81. LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,
290. CERTIFIER 1 CERTIFYING PH	IYSICIAN: To the best of my kn	owledge death occurre	d at the tim	e date and place a	nd due to	the cause(s) and man	ner es stated	
cond only	INER: On the basis of examina							
296. BIGNATURE AND TITLE OF GERTS	FID			29c, LICENS	SE NUMB	ER I	29d, DATE S	IGNED (Month, Day, Year)
Mink	mh				CME			11-17-90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)		AL			1, 50
Ann M. Dixon, 31. DATE FILED (Month, Day, Year)	M.D., Deputy		enn S	treet, B	alti	more, MD	21201	l vl
NOV 2 1 1990	Julia Davidson-R							

TO THE HOSPITAL, OR ATT TO THE FUNERAL, DRIEGITA be filed within 72 hours aft IMPORTANT: If Ilem 28 is



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xxXours after death. Page 6 may be retained by the hospital or attending physician. EVENTRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CERTIFICATE	0	F DEAT	ГН		REG. I	NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH	, ,	3.	TIME OF DEATH	
ĺ		aniels				Nove	mber	20, 19	90		М
1	The second second		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Yojar)		Country)	CE (State or Foreig	
	213 72 0121 9a. FACILITY NAME (If not institution, give street	et and number)	35 YAS.		R LOCATION OF DE		25/55	9c. COUNTY		more, M	d
DIRECTOR	326 Ida Ave.			Esse	ĸ			Balti	more	County	
ž	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON				100	I. INSIDE CITY LIMITS?	
- 1	Maryland Baltin	more		Esse:	X					YES 2 XNC)
\$	10a. STREET AND NUMBER			101	ZIP CODE		- 1	10g. CITIZEN	OF WHAT	COUNTRY?	
FUNERAL	326 Ida Ave.		_		21.22	1			S.A.		
BY PU	1 M Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	If yes, spe	ENDENT OF HISPAN leify Cuban, Maxice 2 NO Specify	n, Puarto Ri	(Specify Yes can, atc.)	or No— 14.	Black, Wi Specify:		
	3 Widowed 4 Divorced						,			White	
<u> </u>	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo-		16b. I	KIND OF BUS	INESS/INDUS	TRY		
COMPLEIED	Elementary/Secondary (0-12)		Lawn Se	rvice		0	wner/	perat	or		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi	ddle, Maiden S	Sumame)			
出	Elvin J. Dan: 19a, INFORMANT'S NAME (Type/Print)	iels	10h MAN ING AD	DBESS (Street o	nd Number or Rural			Hanmet			
2	Marion Daniels	(Mother)			Baltimor				,		
	20a. METHOD OF DISPOSITION 1 Disposition 3 Remove	206	PLACE OF DISPOSITION	ON (Name of cen	select cremetory or		20c. LOC	ATION — City		State	
	4 Donation 5 Other (Specify)	UI UI	een Mount				Balt	timore	Cit	y, Mary	lan
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE!	NSEE			o address of fa zinski F		1 How	D.A			
	Mans Dung	druke.			Old East					wland 2	122
2	23. PART / Enter the diseases, or co- ahock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in deeth) e.	syonly one cause on ea	basten CONSEQUENCE OF):	imi	a					Interval Beth Onset and D	Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditiona	contributing to death b	ut not reauiting in t	the underlying	cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	OO DF	ERE AUTOPSY FIND AILABLE PRIOR TO IMPLETION OF CAL F DEATH?	JSE
2											
3		HOSPITAL:		THER:	ACE OF DEATH (Ch						
2	1 VES 2 NO	1 Inpatient 2 ER/Outp	26b. TIME C		e 5 A Residence			JURY OCCUP	aen.		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	200. DE3	DRIBE NOW II	130111 00001	ieu		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datamined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, offic			TION (Street a r Town, State)	nd Number or	Rural Rout	e Number,	
COMPLEIED	cont only	IAN: To the best of my know! On the basis of examination								nd manner se stat	ed.
	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Year)	
B	A.	two trender	1/1		0401	136		1/	/20	190	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	Jorn 1	Melicial	Fa 44	ucis 40 Fi	ster	Ken	1 Hospi	5/
	NOV 2 1 1990	32 REGISTRAR'S SIGN	ATURE			6	alton	oce,	nd.	2/12	4

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

PHY	TOR. Myr this	THE SECTION WITH	28 Is marked
TAL DR	ML DREC	72 hours	If Item 2
IE HOSPITA	FUNEF	d within	APORTANT:
THE OT	TO THE	be file	IMPO

***											90	3	199	2
FOR STATE REGISTRAR			CE				EALTH AND N DEATH	MENTA	REG. NO.	E				6-5
1. DECEDENT'S NAME (First)	, Middle, Last) B Bea	eatric atrice	е	D	elota Pelota	tch)	1	MONT	of DEATH DA	Υ.	YEAR	111111111111111111111111111111111111111	OF DEATH	М
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. lea	birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH				tate or Foreig	gn
214-26-79		1 □ M 20∜□ F	61	YRS.		DAY\$	HOURS MIN.	3-	h, Day, Year) 5 — 2 9		Count	".c.		
9e. FACILITY NAME (If not in	_						R LOCATION OF DE			9c. COU	NTY OF E	DEATH		
4803 Lore		nue			Ba	altı	more Cit	-y						
10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INS	IDE CITY	
MD				ВА	LTIM	ORI	E CITY						ITS? S 2 - NO)
10e. STREET AND NUMBER							ZIP CODE			10g. CIT	IZEN OF	WHAT COU		
4803-1D	LORELL	Y AVEN	UE				21206				U	SA		
11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDEN	T EVER IN U.S. AR		.1f	yes, spe	ENDENT OF HISPAN	n, Puerto		or No-	14. RAC Blac Spec	k, White, s	ican Indien, Itc.	
3 ☐ Widowed 4∑☐ZDIvo	preed	11 123, 0112	MAN ON DATES			1E3	2 RO Specify				эрис		LACK	
15. DEC (Specify on	CEDENT'S EDUCA by highest grade co	TION ompleted)	/G	ve kind of v	USUAL OCC	CUPATIO	N at of working	16b	. KIND OF BUS	INESS/INI	DUSTRY			
Elementary/Secondary (College (1-4 or 5	+)	Do NOT us	ibled	l								
17, FATHER'S NAME (First, N							18. MOTHER'S NA	ME (First.	Middle, Meiden	Sumame)		-		
Joe	L.	Small	wood				Melvin				nnsc	n		
19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural F							
Emma	Ikhar	0	5	704	Gist	: A	venue/B	alt	imore	, Mo	1. 2	2121	5	
20e. METHOD OF DISPOSIT 1√2 Buriel 2 □ Cremetic 4 □ Donetion 5 □ Other	TION on 3 Remov	al from State	other ni	Local Local	sition (Nam		netery, cremetory or					own, State Md		
21. SIGNATURE OF FUNERA							D ADDRESS OF FA	CILITY						
. L. L	adip	Wan	Coor		WM.	.с.	MARCH	F.H	. 110	1 E	. NO	ORTH	AVE	•
23. PART I. Enter the d ahock, or h			ot coused the de		not enter t	he mo	de of dying, auc	h aa can	diac or reapi	ratory ar	reat,		proximata terval Betv	
IMMEDIATE CAUSE (FI	nal				, ,					n 4 =			nset and D	eath
disease or condition resulting in death)	→ a.					ero	tic card	iova	scular	als	ease			
		DUE TO	(OR AS A CONSE	DUENCE O	f):									
Sequentially list condit If any, leading to imme	diste	DUE TO	(OR AS A CONSE	OUENCE O	F):							-		
cause. Enter UNDERLY CAUSE (Disease or Inju														
that initiated events resulting in deeth) LAS	ST d.	DUE TO	(OR AS A CONSE	DUENCE O	F):									
PART II. Other algolific	ent conditions	contributing to	death but not a	eaulting	In the upo	lerivir	cause civen in	Part I	24e. WAS AN	ALITODRY	24	h WERE AL	JTOPSY FINO	NGS
		continuoung to	doday but not t	ouciting	410 0110		y cacao given iii		PERFOR		1	AVAILAB	LE PRIOR TO	
									1 - YES X	X NO		OF DEAT	H?	
								_	INQUIR	Y		1 🗌 YE	s XX No	ı
25. WAS CASE REFERRED T	TO MEDICAL T					26 50	ACE OF OEATH (Ch	mak c=t	ne)					
EXAMINER?		HOSPITAL:	Tenoval in it	П в в в	OTHER		e 6 X Residence	-						
7∑YES 2 □ NO 27. MANNER OF OEATH		28e, DATE OI	☐ ER/Outpatient 3 F INJURY	28b. TIN	_	ing Hom 28c. INJ			er (Specify) SCRIBE HOW I	NJURY O	CURFO			
VVV _	Pending		Day, Year)	IN	JURY M	WO	PRK?							
2 Accident 3 Suicide 6	Investigation Could not be	28e. PLACE (OF INJURY At he, etc. (Specify)	rne, farm,	street, facto			281. LO	CATION (Street of or Town, State)	and Numbe	or Rural	Route Nun	iber,	
4 Homicide	datermined	bunully	, and (opposity)					City	or rown, state)					
CONTROL CONTY	TIFYING PHYSIC	IAN: To the best o	f my knowledge, de	ath occur	red at the tir	ne, date	and place, and due	to the ca	suse(a) and mer	ner as st	nted.			
one) XX MED	DICAL EXAMINER	On the basis of a	examination and/or	investigation	on, in my of	olnlon, d	leath occured at the	time, det	e and place, an	d due to t	the cause	(a) end me	nner ee stat	ed.
29b. SIGNATURE AND TITL	E OF CERTIFIER						29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, I	Day, Ybar)	

OCME

11-19-90

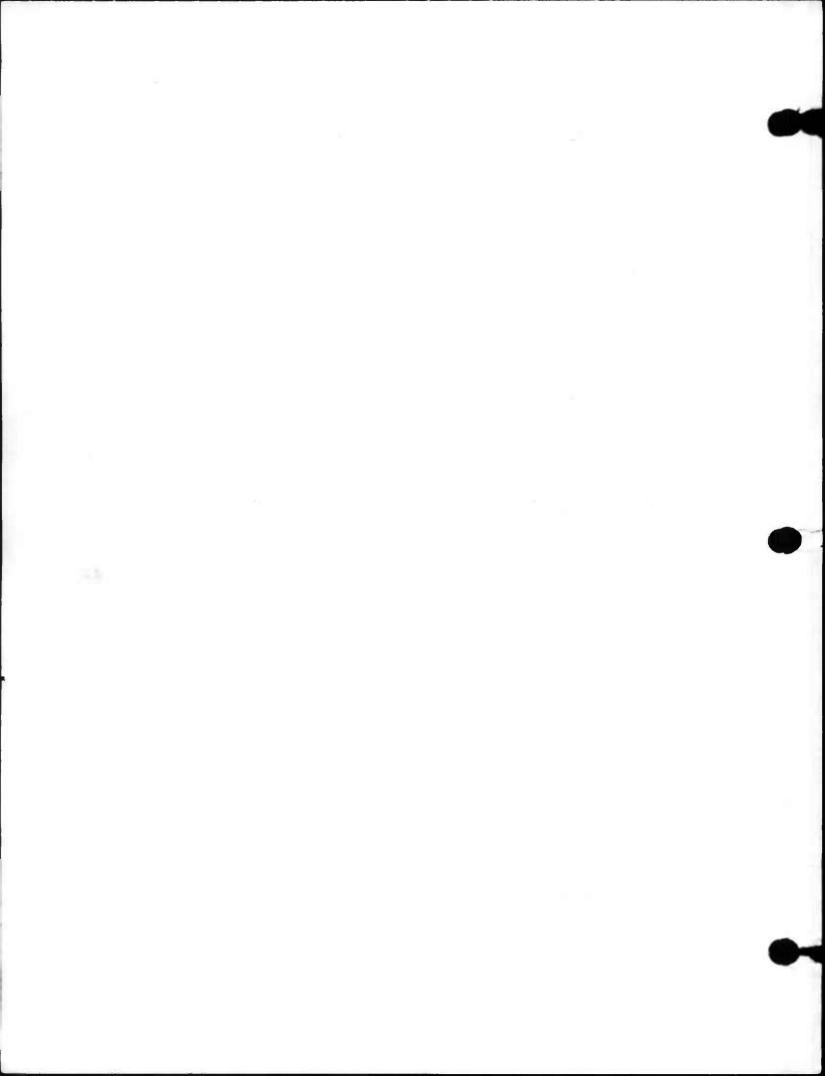
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DONALD WRIGHT, MD

111 Penn Street, Baltimore, MD 21201

32. REGISTRAR'S SIGNATURE

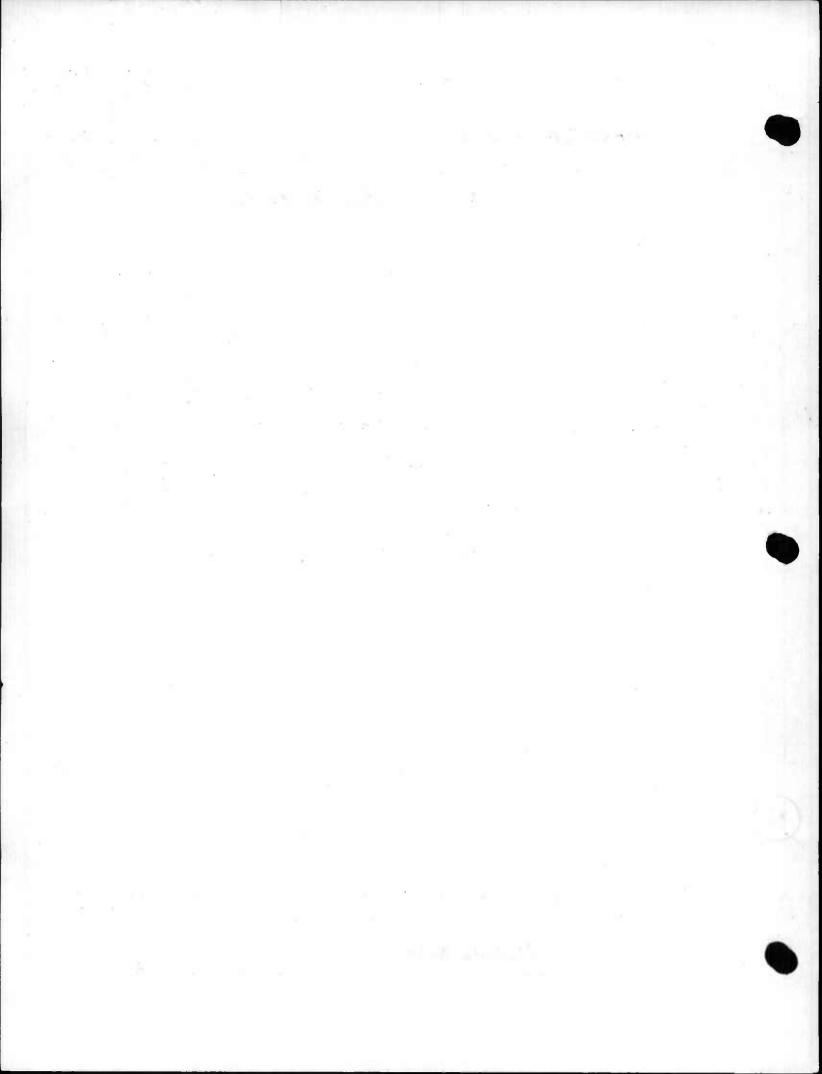
DHMH-16 Rev 1/89

VC



TO THE HOSPITAL OF ITERATION THE law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL INCOME. The certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			ENTAL HYGIENE REG. NO.	90	31993
1. DECEDENT'S NAME (First, Middle, Last) AREST	DANIE				2. DATE OF DEATH DAY 1 - 15	-90 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-20-9326	1 🗆 M 2 💢 F	67 YRS. MO		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	23	Md
	Cariffico	96	1	MORE	011	9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT 10a. STATE Maryland			timore		1		10d. INSIDE CITY LIMITS? 1 YES 2 ND
100. STREET AND NUMBER 1027 Cathedral 1. Marital Status				1201			S. A.
3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spec		C ORIGIN? (Specify Yea, Puarto Rican, etc.)	Ble	CE — American Indian, ck, White, etc. city: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most tired.)	of working	16b. KIND OF BUS		
	ollege 2yr	Nurs			E (First, Middle, Melden :	Surnama)	of Maryland
Samuel Brogden 19a. INFORMANT'S NAME (Type/Print) Ronald Daniel					oute Number, City or Town	, State, Zip Code)	4D 21225
2Qa_METHOD OF DISPOSITION 1 Note Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Ar	LACE OF DISPOSITION ther place) butus M	emoria	1 Park	Bal t		, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	E. Nutle	1	2501	Gwynn	www Nutter s Falls l Maryland	Parkway	cal Homes, 16
IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	E. DUE TO (OR AS A C	ONSEQUENCE OF):			es cardlec or respli		Approximate interval Between Onset and Death
Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
PART II. Other significant condition COMPETE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH				cause given in I	Part I. 24e. WAS AN PERFOR 1 TYES 2,	MED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO	HOSPITAL:		THER:	CE OF DEATH (Che			
	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU WOR		28d. DESCRIBE HOW II	NJURY OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, atc. (Specify	At home, farm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rure	I Route Number,
= anal	CIAN: To the best of my knowled						o(a) and manner as stated.
296. SIGNATURE AND THILL OF CERTIFIES	ATTE	20106	90	Sac FICENSE HAW	BER 951	29d. DATE SIGN	ED (Month, Day, Year) -16-96
36. NAME AND LIDDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	WB	ELVE	DERE A	NE BA	to	5299
NOV 21 1990	Lulia Davidson						



TO BE COMPLETED BY FUNERAL DIRECTOR

31994 90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) JAMES DORSEY 2. DATE OF DEATH MONTH MONTH DAY, YEAR 3. TIME OF DEATH DAY, YEAR 4. SOCIAL SECURITY NUMBER 2. DATE OF DEATH MONTH 2. DATE OF BIRTH (Month, Dey, Year) 1. DATE OF BIRTH (Month, Dey, Year) 1. DATE OF BIRTH (Month, Dey, Year) 1. DATE OF BIRTH (Month, Dey, Year) 1. DATE OF BIRTH (Month, Dey, Year) 1. DATE OF BIRTH (Month, Dey, Year) 1. DATE OF DEATH (Month, Dey, Year) 1. DATE OF DEATH (Month, Dey, Year) 1. DATE OF BIRTH (Month, Dey, Year) 1. DATE OF DEATH (Month, Dey, Year) 1. DATE OF DATE OF D
4. SOCIAL SECURITY NUMBER 218-12-9375 1 Note
218-12-9375 1 M 2 F 67 YRS. MONTHS DAYS HOURS MINH. Feb 16, 1923 Maryland
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince Georges Clinton, Maryland 10c. CITY, TOWN OR LOCATION CLinton, Maryland 10d. INSIDE CITY LIMITS? 10d. INSIDE CEDENTS? 10d. INSIDE CEDENTS? 10d. INSIDE CEDENTS? 10d
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10m or Location 10d. Inside CITY 10m or Location 10d. Inside CITY 10m or Location 10d. Inside CITY 10m or Location 10d. Inside CITY 10m or Location 10d. Inside CITY 10m or Location 10d. Inside CITY 10m or Location 10d. Inside CITY 10m or Location 10d. Inside CITY 10m or Location 10d. Inside CITY 1
Maryland Prince Georges Clinton, Maryland 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6405 Elm Way 20735 U.S.A. 11. MARITAL STATUS 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 □ NO If Yes, appecify Cuban, Mexican, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. MOTHER'S NAME (First, Middle, Meiden Surname) Unknown
Maryland Prince Georges Clinton, Maryland 1 ☑ Yes 2 □ NO 106. STREET AND NUMBER 6405 Elm Way 11. MARITAL STATUS 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- Black, White, atc. Specify: Black 14. RACE - American Indian, Black, White, atc. Specify: Black 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 17. FATHER'S NAME (First, Middle, Last) Unknown 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown
106. STREET AND NUMBER 6405 E1m Way 11. MARITAL STATUS 11. Mever Married 2 Married 3 Middle 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerfo Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) Unknown 106. CTIZEN OF WHAT COUNTRY? U.S.A. 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerfo Rican, etc.) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Unknown
11. MARITAL STATUS 1 Never Married 2 Married 3 Middle, Last) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 M YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, apacify Cuban, Mexican, Puarto Rican, stc.) 14. RACE — American Indian, If yea, apacify Cuban, Mexican, Puarto Rican, stc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, apacify Cuban, Mexican, Puarto Rican, stc.) 1 YES 2 NO Specify: Black 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Unknown
11. MARITAL STATUS 1 Never Married 2 Married 3 Married 3 Middle, Last) 1 Never Married 2 Married 3 Married 3 Middle, Last) 1 Never Married 2 Married 3 Married 3 Middle, Last) 1 Never Married 2 Married 3 Married 8 Mar
Specify: Black Spec
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th Grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Truck Driver 17. FATHER'S NAME (First, Middle, Last) Unknown 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16c. ELEMENT OF WORKING OF WO
(Specify only highest grade completed) Elementary/Secondary (0-12) 8th Grade Truck Driver 17. FATHER'S NAME (First, Middle, Lest) Unknown (Give kind of work done during most of working life. Do NOT use retired.) In MOTHER'S NAME (First, Middle, Lest) Unknown (Give kind of work done during most of working life. Do NOT use retired.) It is MOTHER'S NAME (First, Middle, Malden Surmame) Unknown
8th Grade Truck Driver Delivery 17. FATHER'S NAME (First, Middle, Last) Unknown Unknown Unknown
17. FATHER'S NAME (First, Middle, Lest) Unknown Unknown
Unknown
Unknown
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Carolyn Ceasar 6405 Elm Way Clinton, MD 20735
20b. PLACE OF DISPOSITION 1 Burial 2 Ty Cremation 3 Removal from State 4 Donation 5 Other (Specify 11/16/90 Cedar Hill Crematory 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State
4 Donation 5 Other (Specify) 11/16/90 Cedar Hill Crematory Buitland, MD 21. SIGNATURE OF FACILITY 22. NAME AND ADDRESS OF FACILITY
Alexander S. Pope Funeral Home
2617 Pennsylvania Ave SE., Washington, DC
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between
IMMEDIATE CAUSE (Final
resulting in death) Apoxic encephalopathy 24hrs
DUE TO (OR AS A CONSEQUENCE OF):
Sequentielly list conditions. To Cardac andfulmonary Arrest
disease or condition resulting in death) • Apply Carphaglopathy • Apply Carphaglopathy • Apply Carphaglopathy • Cardac and full monary Arrest Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): The carphaglopathy was a consequence of):
If sny, leading to immadiate cause. Entar UNDERLYING CAUSE (Disease or Injury
If any, leading to immediate
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events Left Ce M 19 DEE TO (OR AS A CONSEQUENCE OF):
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DEE TO (OR AS A CONSEQUENCE OF): d. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. YERFORMED? 1 YES 2 NO. 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. YES 2 No. 248. WAS AN AUTOPSY PROFINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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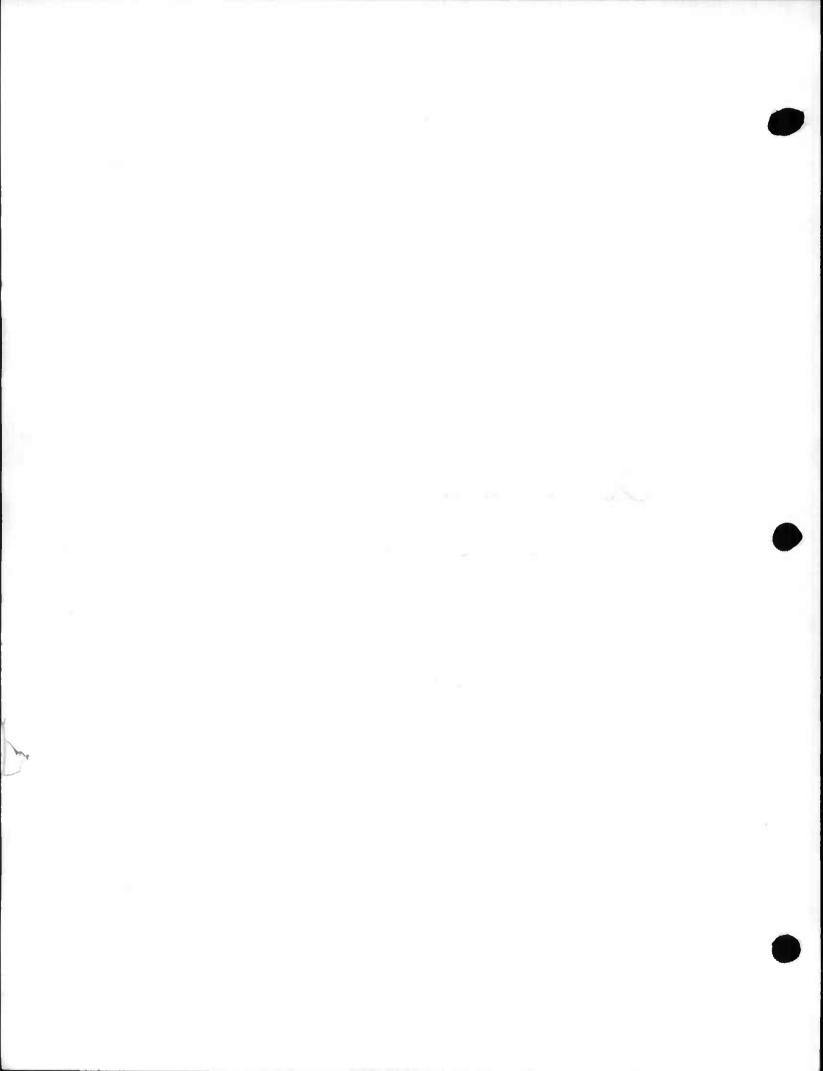
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should leasth with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. ENGING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

are in marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

QIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE MOSTAL
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29b. SIGNATURE AND TITLE OF CERTIFIER

31, DATE FILED (Morith, Day, Year) NUV 2 1 1990

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90 31995 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) DAY 4:18 AH LIFTON DITTMAR 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 16-27 214-22-3936 63 DAYS HOURS MIN. 1 M 2 - F Maryland VBS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore City XXXVES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1349 Walker Avenue 21239 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 AYES 2 NO
IF YES, GIVE WAR OR DATES 1./1./1 11. MARITAL STATUS 14. RACE --- American Indian, Black, White, atc. 1 Never Married 2/17 Married Specify: WW 11 BY 3 Widowed 4 Divorced White ETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Purchasing Manager Westinghouse 12th grade 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Henry Dittmar, Jr. Catherine Georges BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1349 Walker Avenue Balto., Md. Mrs. Ruth E. Dittmar 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Metro Crematory Inc. Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Home Lescila Luneral 7401 Belair Rd. Balto., Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete shock, or heart feilure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition resulting in death) KESPIRATORY CARDINE ARREST DUE TO (OR AS A CONSEQUENCE OF RENAL FAILURE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 ND 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. OATE DF INJURY (Month, Day, Year) 28d. OEȘCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

Thank and the certifier of the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

D4064

32. REGISTRAR'S SIGNATURE Jula Davidson-Handala

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

menter to see the

29d, DATE SIGNED (Month, Day, Year)

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1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las	, Lola J.Dowd	l		2. DATE OF DEATH MONTH 16, 199	OYEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 36-30-2469 9a. FACILITY NAME (If not institution, give	1□M2□xF 65	YRS. MON	UNDER 1 YEAR SF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 7/21/1925 PEATH 9c.	Country	Virginia		
1329 S.Charles RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			Balto.City,	Md.		10d. INSIDE CITY		
Maryland 100. STREET AND NUMBER	10s. STREET AND NUMBER 10f. 2i					1 ♣ YES 2 □ NO		
11. MARITAL STATUS 1 Never Married & Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES, GIVE WAR OR D	U.S. ARMED	21230 13. WAS DECENDENT OF HISPM If yes, specify Cuben, Mexic 1 YES 2 NO Speci		to Rican, etc.) Black, Specify:			
15. DECEDENT'S EI (Specily only highest gra Elementary/Secondary (0-12) 11th.Grade	College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ref HOMEM	done during most of working lived.)	Bwn Home				
17. FATHER'S NAME (First, Middle, Lest) JO: 19a, INFORMANT'S NAME (Type/Print)	nn	Wood		AME (First, Middle, Melden Surne NCY I Route Number, City or Town, Ste.	0'	neal		
Mr.Charles E	emoval from State	1329 S PLACE OF DISPOSITION other place)	. Charles St	.Balto.Md. 2	21230 HN — City or To	wn, State		
21. SIGNATURE OF FINERAL SERVICE LICENSEE ACCULTY FUNERAL SERVICE LICENSEE ACCULTY FUNERAL Home. 130 E. Fort Av. MCCULTY Funeral Home. 130 E. Fort Av.								
23. PART 1. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due To for As	CONSEQUENCE OF):		^	y arrest,	Approximate Interval Betwee Onset and Dec		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): The Column of th								
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 5 Could not	28e. PLACE OF INJURY		CATION (Street and Number or Rural Route Number,					
4 Homicide determined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	YSICIAN: To the best of my know	viedge, death occurred a	t the time, date end place, and do n my opinion, death occured at th	ue to the cause(e) and manner of		a) and manner as stated		
20b. SIGNATURE AND TITLE OF CERTIFICATION OF PERSON	TIJI, MV 1	Paller &	0 00	UMBER 296	LI //	(Morith, Day, Year)		
Harber Herri	1al Calli	CATURE CONTACT						

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	The state of the s						2. DATE OF DEATH DA	MONTH DAY YEAR 113				
									11 /	3 90	12 PM	
	213-12-39		5. SEX 6.	AGE (In yrs. lest	7 YRS.	MONTHS DAYS HOURS MIN. (Mon			7. DATE OF BIRTH (Month, Day, Year)	th, Day, Year) Country)		
	9a. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE		9c. COUNTY OF		
DIRECTOR	Fallston RESIDENCE OF DECI		eneral	Has	P	F	1/5	ton	,	HAR	fond	
E C	10a. STATE	10b. COUNTY	1		10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY	
2	Maryland		Harford]	Bel A	Air			LIMITS?	
	10e. STREET AND NUMBER						of. ZIP COD	E		10g. CITIZEN OF	WHAT COUNTRY?	
EB	280	7 Cor	nowingo :	Road				210	14	U.	S.A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. ARI	MED	13. WAS D	CENDENT (OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14. RAC	E — American Indian, ik, White, atc.	
BY	1 Never Married 2 1 1 1 2 1 2 2 2 1 3 2 2 2 2 2 2 2 2 2		IF YES, GIVE WAR				S 2 10 NO			Spec		
COMPLETED		DENT'S EDU				USUAL OCCUPA		ing.	16b. KIND OF BUS	SINESS/INDUSTRY		
9	Elementary/Secondary (0-		College (1-4 or 5+)	Ilfo.	Do NOT use	e retired.)	NOST OF WORK	19	100			
MP	7		2		Mec	hanic			Auto	Repai:	r	
8	17. FATHER'S NAME (First, Mic								ME (First, Middle, Malden			
BE	Wiley	Her	iry Ed	wards		-		Stel		nche	Bryant	
5	Ethel M.		rds	198		Same 8	44.0		Route Number, City or Town	n, State, Zip Code)		
	20s. METHOD OF DISPOSITION	ON Bem	owel from State	20b. PLACE other pla	OF DISPOS	ITION (Name of o	emetery, cres	matory or	20c. LO	CATION City or T	own, State	
	4 Donation 5 Other			Chest		Grove	Cen	nete	ry Roc	ks, Ma	ryland	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE /) U			AND ADDRE		our eral Hom			
	► 4/11. X	Ilack	den To	004-11	I				ille, Ma		21084	
	IMMEDIATE CAUSE (Fine	ert fallure.	Complications that of List only one cause			ot enter than	node of dy	ring, auci	h as cardlec or reap	ratory errest,	Approximats interval Between Onset and Death	
	resulting in death) Due TO (OR AS A CONSEQUENCE OF):											
z			b		4	tvn	0	10.				
5 E	Sequentielly list conditions, If any, leading to immediats DUE TO (OR AS A CONSEQUENCE OF):											
S	CAUSE (Disease or Injury											
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
ä	d											
	PART II. Other algnificat	nt condition	ney contributing to de	eath but nof r	esulting i	n the underly	ng cause	given in	Part I. 24s. WAS AN		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
MEDICAL		111)							1 YES 2	2500 est 500	COMPLETION OF CAUSE OF DEATH?	
ME											1 YES 2 NO	
SIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				PLACE OF E	DEATH (Ch	eck only one)			
Sic	1 TES 2 NO		1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing H	ome 5 🗆 R	lesidence	6 Other (Specify)			
Y PHYSICIAN:		Pending	28a. DATE OF IN (Month, Day,	LJURY Year)	20b. TIMI INJ	E OF 28c, INJURY AT 28d, D WORK? M 1 YES 2 NO			28d. DESCRIBE HOW I	DESCRIBE HOW INJURY OCCURED		
D BY	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28i. LO						281. LOCATION (Street	and Number or Rural	Route Number,			
TE	4 Homicide determined building, etc. (Specify) City or Town, State)											
PLE	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
COMPLETED	one) 2 MEDICIA EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.											
BE 0	296. SIGNATURE AND TITLE OF CELL FIER 29d. DATE SIGNED (Month, Day, Year)											
2	30. NAME AND ADDRESS OF	DENSON WA	O COMPLETED CALLER	OF DEATH (ITE	H 27) /5	Period)	N	10	444	A .		
	VIN	OR	- 2	112	7	air	X	0	and Ja	ellete	Melocy	
	31. DATE FILEO (MONTH, Day, Your) 32. REGISTRAR'S SIGNATURE NUV 2 1 1990 June Willyddogn - Mandago NOV 2 1 1990 June Willyddogn - Mandago NOV 2 1 1990 June Willyddogn - Mandago NOV 2 1 1990											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Party of the State The man end should be the second Whitehalf I has desirated and the first state

TO THE HOSPITAL OR ATTENDING PHYSICIANA LE law requires that the death certificate be executed within a state death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTION: After the certifician, his been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Cept. of Health and Mental Hygiene prior to burial, cremation, or removal.

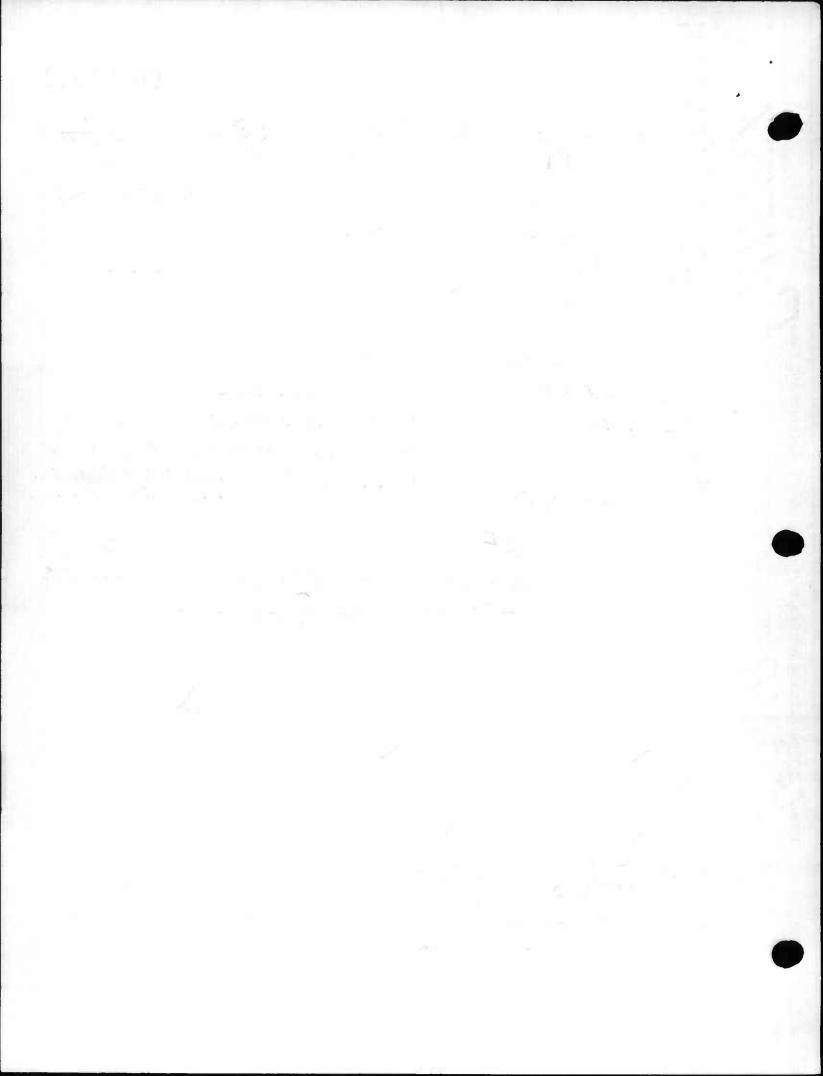
IMPORTANT: If tem 28 is marked: by the 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF WITAL RECORDS, P.O. BOX 13146,

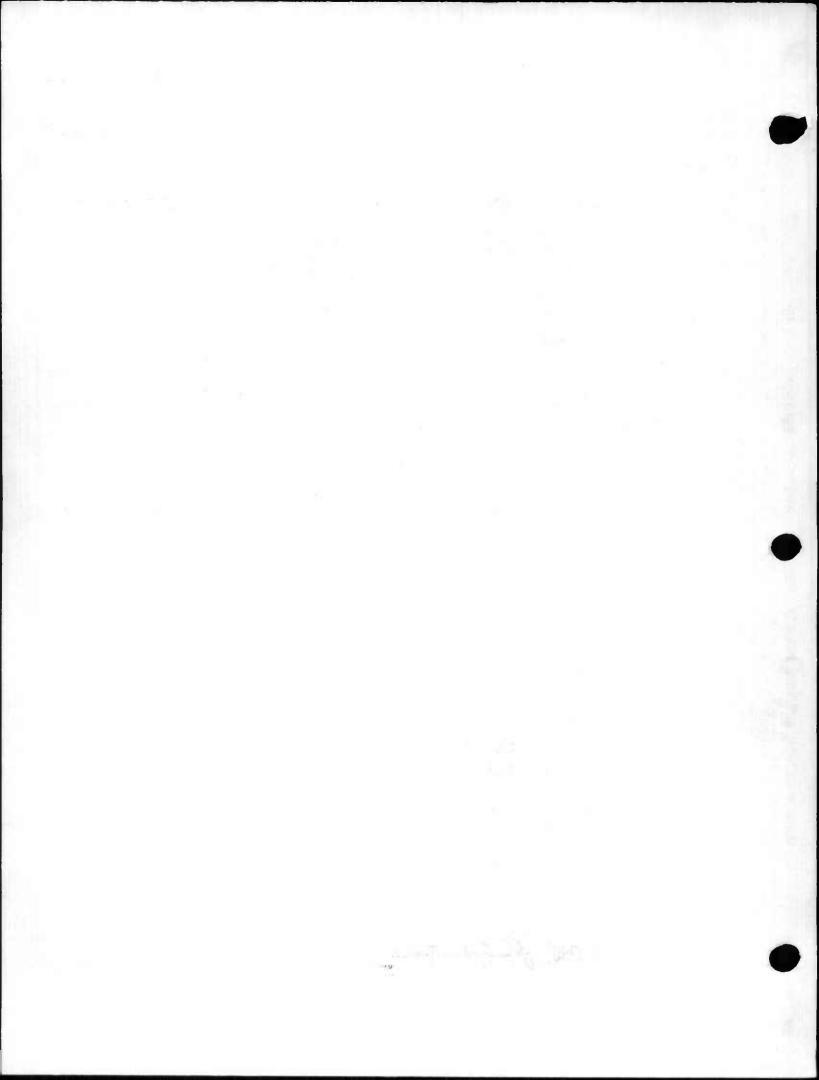
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CE	RTIFICA	TE OF DEA	TH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	DE	SON	2.0	ATE OF DEATH	Y YEAR	S. TIME OF DEATH		
	4, SOCIAL SECURITY NUMBER 5. SEX 1 X M 2 F 8. AGE (In yrs. lest)	YRS. MONTH	S DAYS HOURS	MIN.	ATE OF BIRTH Month, Pay, Year)	3 Cour	Rumania		
TOR	98. FACILITY NAME (If not institution, give street and number) Lepsew three of Greater Warning RESIDENCE OF DECEDENT	to 96.0	Rockvil	Λ		MONT	GOMERY		
DIRECTOR	Maryland Montgomery	10c. CITY, TOW ROCK	N OR LOCATION VILLE				10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO		
FUNERAL	100. STREET AND NUMBER 6121 Montrose Road		10f. ZIP CO 2083	52		109. CITIZEN OF WHAT COUNTRY? U. S. A.			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	O	I3. WAS DECENDENT If yes, specify Cui 1 ☐ YES 2 X NO	en, Mexican, Pui	Bio	CE — American Indian, ack, White, etc. White			
COMPLETED	(Specify only highest grade completed) (Gh	CEDENT'S USUAL Ne kind of work do Do NOT use retire	ne during most of world.)	king	INESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Leet) Morris Edeson		18. MO		irsi, Middle, Meiden : (Unknown				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b	10 Hann	es Street and Numb	er or Rural Route t, Silv	Number, City or Town	g, State, Zip Code) g, Mary.	land 20901		
	Westel 2 Cremetion 3 Removal from State other pla	Mou	(Name of comotory, cr .nt Leban	on	Hy		le. Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Sorvald C. Stattleme	es 2	M. STET 32 CARRO	T HEBRE	W MEMORI ET, N.W.	AL FUNE , WASHI	RAL HOME, INC NGTON, D.C.		
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the description of the cause on each fine immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUENCE OF): ENE DUENCE OF): COLUMN	OF LL	EFT	LEG		Approximata Interval Between Onset and Death ZWEKS		
MEDICAL	PART II. Other significant conditions contributing to death but not re	asuiting in the	underlying cause	given in Part	I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28b. TIME OF INJURY				OW INJURY OCCURED			
	3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, de (Check only one) MEDICAL EXAMINER: On the basis of examination and/or in the examination and/or in the examination and/or in the examination						e(s) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER STAFF PH	451616	29c. L	CENSE NUMBER	54	DATE SIGN	18190		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITE	M 27) (Type, Print) M D N	TROSE	RD, RO	CKVILLE	my.	20802		
	31. DATERHUED Month, Day 99 82. REGISTBAR'S SIGNATURE yuna Davidson-Randelle								



SION OF VITAL HE ORDS, P.O. BOX 13146, BALLIMOHE, MAHYLAND	ENDING PHYSICIAN: The aw readors that the death certificate be executed within yours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate tes Secrisionals by the attending physician and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director.	The med within 22 hours after open with the state cape, or repair any injury, or other traumatic event, the medical examiner must be notified at once.
=	ICIAN: 1	sertificat	or ite
5	G PHYS	er this (narked,
200	FINDIN	DR: Afte	8 is m
Š	OR AT	DIRECT	tem 2
	SPITAL	ERAL	III. III.
	SOH 34	HE FUN	DRTAN
	IT OT	101	E E

	- SIAIE	MARYLAND / DEPA			NTAL HYGIEN	9 I	31999		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, LastLee		FICATE OF		REG. NO.				
	4. SOCIAL SECURITY NUMBER S. SEX	1 M 2 XF 9/ YRS. MONTHS DAYS HOURS				7. DATE OF BIRTH (Month, Day, Year) (C - 7 - 1899 OEATH Se. COUNTY OF OEATH			
TOR	Levindale Hebrer Gerias	fric	- /	MONUMENT OF SEATING SE	,	9c. COUNTY OF	- OEATH		
FUNERAL DIRECTOR	MARY AND 106. COUNTY		Baltin	ore,			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
NERAL	4010 FAIRVIEW AVE.			21215		US.	F WHAT COUNTRY?		
8	1 Never Merried 2 Merried FORCES? 3 Widowed 4 Divorced IF YES, GIVI	ENT EVER IN U.S. ARMEO 1 YES 2 NO E WAR OR DATES	If yes, sp	ENDENT OF HISPANIC colfy Cuben, Mexican, F 2 N NO Specify:	Puarto Rican, etc.)	Sp	ACE — American Indian, lack, Whita, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(Give kind of life. Do NOT	T'S USUAL OCCUPATION Work done during months of the control of the	DN st of working	16b. KINO OF BUS	HOME			
BE CON	17. FATHER'S NAME (First, Middle, Lest) SAMUEL WALDERMAN				(First, Middle, Melden UNKNOWN	Surneme)			
TO B	190. INFORMANT'S NAME (Type/Print) BENSON FINE			nd Number or Rural Rou D AVE. NU					
	20a. METHOO OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State								
	21. BIGNATURE OF PUNERAL SERVICE LICENSEE	ine	SOL	LEVINSON REISTERS	& BROS.,	BALTO I	MD21215		
		het ceused the death. Do	POTIC CH				Approximate Interval Batween Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.								
MEDICAL	PART II. Other significent conditions contributing	to death but not resultin	g in the underlyin	g ceuse given in Pa	PERFOF	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Mospital:	2 DOA	OTHER:	LACE OF DEATH (Check					
ву РНУ		OF INJURY , Day, Year)	IME OF 28c. IN.	DRK?	25d, DEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	E OF INJURY — At home, ferning, etc. (Specify)	n, street, factory, offic	a 2	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
8E	296. SIGNATURE AND TITLE OF CERTIFIER	· /m , 1	m)	29c. LICENSE NUMBI	237	29d. DATE SIGN	(Month, Day, Year)		
5	ESTRELITA O KM, 1	AUSE OF DEATH (ITEM 27) (7)		REW terli	ATIBIO C	EN736	& Hospicks		
	0.100.1	ia Davidson-Rand	Less			P	nns		



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the The Function of Physician.

TO THE FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremitation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I				F HEALTH		NTAL HYGIENI REG. NO.	E ~	32000
\int	1. DECEDENT'S NAME (First, Middle, La	•	J	6			2	DATE OF DEATH		3. TIME OF DEATH
	Dorothy (N	MN) Ford	6. AGE (In yrs. to	est hirthriau)	IF UNDER 1 YE	ARI IF UNDER	24 400 7	11/14/19		2:00 A. A. BIRTHPLACE (State or Foreign
	212-10-4700	1 M 2 X F	88	YRS.	MONTHS DA		MIN.	8/20/1902	, "	Maryland
_	9a. FACILITY NAME (If not institution, gi	•			· ·	WN OR LOCATI		н		Y OF DEATH
PDT:	5000 Kramme Av		225		Balt	imore	(Broo	klyn Pk.	Ann	e Arundel
DIRECTOR	10e. STATE 10b. COU				Y, TOWN DR L				-	10d. INSIDE CITY LIMITS?
	Maryland Ann	e Arundel		Bali	timore	(Broc	klyn	Park)	10a CITIZEI	1 TYES 2 X ND
FUNERAL	5000 Kramme A	venue,				1211 2111 2111	225			SA
I S	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDER	T EVER IN U.S. A	RMED NO	13. WAS	DECENDENT C	OF HISPANIC In, Maxican, F	ORIGIN? (Specify Yes		Black, White, etc.
B≺	3 X X Widowed 4 □ Divorced	IF YES, GIVE	MAR OR DATES		10	YES 2 NO	Specify:			Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	(0		USUAL OCCU	PATION g most of working	טי	16b. KIND OF BUS	INESS/INDUS	
PLE	Elementary/Secondary (0-12) 6th	College (1-4 or 5	+)	Homen	134			Domesti	с Нои	sewife
NO OS	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAME	(First, Middle, Maiden		30,,,,,
BE	Southey S	terling		DL 444 H 1010	4 P P P P P P P P P P P P P P P P P P P			Elliott Number, City or Town		
2	Mrs. Nellie Tu	11y						ltimore,		
	20a. METHOD OF DISPOSITION 1X XBurlel 2 Cremetion 3 R	emoval from State	20b. PLACE	OF DISPO	SITION (Name o	f cemetery, cren	natory or			y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE	LICENSEE VOVA	_ Sunn n E. Ec			orial		Cri	sfield	d. Maryland
	1		II E. EC	Ker.					Brook	klyn ., Md. 21225
	23. PART I. Enter the disasses,	or complications the	it caused the d	eath. Do	not enter tha	mode of dy	ing, such a	e cardiec or respli	ratory srres	t, Approximate
	shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Deatt									
	disease or condition									munedia
Z	Sequentially list conditions, CAPOIAC STANDSFUL MINISTRATE CAUSE (Final disease or condition presulting in death) DUE TO (OR AS A CONSEQUENCE OF): APP HOWS clerofic Condu VSS cular Differse 20 yr.									
ATIO	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CONSE	EQUENCE O	F):					
CERTIFICATION	resulting in deeth) LAST	d								
CAL	PART II. Other significant condit	tiona contributing to	death but not	resulting	In the under	lying ceuse	given in Pa	rt I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	- Christia	CIDRO	nehi	to.				_ 1 _ YES 2	No	OF DEATH?
Σ.	aryper	es to	Derce	KIN	9			-		1 TES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF D	EATH (Check	only one)		
HYSI	1 TYES 2 NO	1 Inpetient 2		3 DOA	4 - Nursing	Home 5 Re		Other (Specify)	HIEV OCCIT	PEO
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, I	Day, Year)	IN.	JURY	WORK?		ou. DESCRIBE NOW II	WONT OCCO	
	3 Suicide 6 Could not	28e. PLACE to building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, factory,	office	20	6f. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,
Ē	an centimen									
COMPLETED	manual .									cause(a) and manner as stated.
Ш	29b. HGMATUREVAND TITDEOF CERT	FIER				290-140	ENSE NUMBE	R // つ	2HI, DATE S	SIGNED (Morell Day, West)
TO B	30, NAME AND ADDRESS OF PROPERTY	WHO COMPLETED CAL	ISE OF DEATH (IT)	W 270 (500	1/1)	<u> </u>	1123	43	> //	119/90
	Dr. Calvin F	unrmann, I				Harbo Silver S	or Hos t Ba	spital Cen altimore.	nter Marvl	and 21230
	31. DATE FILED (Month, Day, Year) NUV 2 1 1990	32. REGISTR	AR'S SIGNATURE							
	M 7 1000	Junior Miles	mos - 1 - 10							

) a see ge m².